

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/29/2019 9:33 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/29/2019	Time: 9:33 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
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	number of times reopened = 0-9.
	(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 PRESENCE RESURRECTION MEDICAL CENTER (14-0117) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ROBERT ROSENBERGER

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	370,008	290,064	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	28,670	-63		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	398,678	290,001	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: 14-0117		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:33 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 7435 WEST TALCOTT			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60631		County: COOK 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N P O 3.00
4.00	Subprovider - IPF			RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N P O
5.00	Subprovider - IRF								
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			RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004	
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00
				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.			0	3,123	0	36	4,282	622

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/29/2019 9:33 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	246	0	0	271		25.00
						Urban/Rural St	Date of Geogra	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/29/2019 9:33 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/29/2019 9:33 am

	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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:33 am	
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y
98.03	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
98.04	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
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y
Rural Providers					
105.00	Does this hospital qualify as a CAH?			N	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				
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.				
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	
			Physical	Occupational	Speech
			1.00	2.00	3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N
				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:33 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	4,506,564	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.60		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0117		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:33 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: PRSENCE CARE TRANSFORMATION CORP				Contractor's Name: NGS				141.00
142.00	Street: 200 SOUTH WACKER DRIVE				PO Box:				142.00
143.00	City: CHICAGO				State: IL Zip Code: 60606				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/01/2018	06/30/2019	170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/29/2019 9:33 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.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		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.	Y		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/21/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/29/2019 9:33 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718	PATRICK.GILLILAND@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/29/2019 9:33 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	59,510	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)		186	59,510	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	14,965	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)		227	74,475	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	17,155		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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)		274				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)		17	6,205			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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:33 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)	22,346	975	43,320			1.00
2.00	HMO and other (see instructions)	8,724	6,301				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	810	436				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)	22,346	975	43,320			7.00
8.00	INTENSIVE CARE UNIT	2,748	238	9,311			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		335	1,630			13.00
14.00	Total (see instructions)	25,094	1,548	54,261	75.53	1,152.17	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	7,322	81	10,259	0.00	45.72	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	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)			39			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				75.53	1,197.89	27.00
28.00	Observation Bed Days		178	1,117			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	214	461			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1			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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:33 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	4,957	472	12,201	1.00
2.00 HMO and other (see instructions)			1,617	1,295		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				19		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	4,957	472	12,201	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	623	5	848	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/29/2019 9:33 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	84,280,145	0	84,280,145	2,491,609.00	33.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		281,968	0	281,968	3,264.00	86.39
4.01	Physicians - Part A - Teaching		1,130,580	0	1,130,580	10,748.00	105.19
5.00	Physician and Non Physician-Part B		574,427	0	574,427	8,573.96	67.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	5,309,998	5,309,998	188,449.00	28.18
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,242,762	24,893	3,267,655	100,163.00	32.62
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		10,906,373	0	10,906,373	134,865.23	80.87
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		22,442,816	0	22,442,816	509,387.00	44.06
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,429,401	0	19,429,401		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		949,410	0	949,410		
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		66,956	0	66,956		
22.01	Physician Part A - Teaching		234,982	0	234,982		
23.00	Physician Part B		163,952	0	163,952		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,758,131	0	1,758,131		
25.50	Home office wage-related (core)		1,169,909	0	1,169,909		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	368,660	0	368,660	37,874.00	9.73
27.00	Administrative & General	5.00	3,892,958	1,176,404	5,069,362	72,129.00	70.28
28.00	Administrative & General under contract (see inst.)		801,783	0	801,783	3,679.00	217.94

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/29/2019 9:33 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,738,401	-841,489	896,912	72,037.00	12.45 30.00
31.00	Laundry & Linen Service	8.00	153,674	0	153,674	9,447.00	16.27 31.00
32.00	Housekeeping	9.00	906,657	0	906,657	64,963.00	13.96 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,354,258	-702,717	651,541	40,828.00	15.96 34.00
35.00	Dietary under contract (see instructions)		932,198	0	932,198	21,096.00	44.19 35.00
36.00	Cafeteria	11.00	0	677,824	677,824	42,476.00	15.96 36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,418,932	0	1,418,932	26,695.00	53.15 38.00
39.00	Central Services and Supply	14.00	364,939	0	364,939	19,925.00	18.32 39.00
40.00	Pharmacy	15.00	2,367,186	0	2,367,186	55,380.00	42.74 40.00
41.00	Medical Records & Medical Records Library	16.00	2,398,659	0	2,398,659	56,978.00	42.10 41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/29/2019 9:33 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	84,309,119	-5,309,998	78,999,121	2,308,613.04	34.22	1.00
2.00	Excluded area salaries (see instructions)	3,242,762	24,893	3,267,655	100,163.00	32.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,066,357	-5,334,891	75,731,466	2,208,450.04	34.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,349,189	0	33,349,189	644,252.23	51.76	4.00
5.00	Subtotal wage-related costs (see inst.)	20,666,266	0	20,666,266	0.00	27.29	5.00
6.00	Total (sum of lines 3 thru 5)	135,081,812	-5,334,891	129,746,921	2,852,702.27	45.48	6.00
7.00	Total overhead cost (see instructions)	16,698,305	310,022	17,008,327	523,507.00	32.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2019 9:33 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,077,762 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)			3,796,907 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)			7,690,464 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			204,989 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			44,273 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)			256,697 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,207,247 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			6,047,914 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			116,315 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			160,265 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,602,833 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/29/2019 9:33 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	10,906,373	22,602,833	1.00
2.00	Hospital	10,906,373	19,429,401	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	901,334	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	0	0	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	2,272,098	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
11/29/2019 9:33 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	312	0					5.00	
6.00	Number of stations	12	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)					0	0	10.03	
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list					5		11.00	
12.00	Number of patients transplanted during the cost reporting period					0		12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable					X		21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5

Date/Time Prepared:
11/29/2019 9:33 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/29/2019 9:33 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)		0.152811		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,982,100		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		185,601,678		6.00
7.00	Medicaid cost (line 1 times line 6)		28,361,978		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)		10,379,878		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)		10,379,878		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)	16,881,924	4,015,211	20,897,135	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,579,744	4,015,211	6,594,955	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)	2,579,744	4,015,211	6,594,955	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)		5,052,471		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		984,297		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,514,303		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,538,168		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,070,677		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,665,632		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,045,510		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,848,696	7,848,696	15,055,876	22,904,572	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	579,895	579,895	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	368,660	1,455,932	1,824,592	18,040,801	19,865,393	4.00
5.10	01160	COMMUNICATIONS	0	139,893	139,893	-21	139,872	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	3,892,958	50,787,680	54,680,638	-2,874,520	51,806,118	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	51,716	51,716	-30,250	21,466	6.00
7.00	00700	OPERATION OF PLANT	1,738,401	11,725,642	13,464,043	-1,948,779	11,515,264	7.00
7.01	00701	ELECTRICITY	0	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	153,674	897,288	1,050,962	-57,768	993,194	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	906,657	3,730,448	4,637,105	-412,464	4,224,641	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	1,354,258	3,405,042	4,759,300	-2,733,650	2,025,650	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	2,107,366	2,107,366	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,418,932	1,590,980	3,009,912	-825,918	2,183,994	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,939	686,479	1,051,418	-755,763	295,655	14.00
15.00	01500	PHARMACY	2,367,186	8,667,848	11,035,034	-8,430,915	2,604,119	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,398,659	1,323,925	3,722,584	-459,891	3,262,693	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	5,309,998	5,309,998	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,703,673	5,798,380	10,502,053	-4,562,018	5,940,035	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	18,647,165	6,325,982	24,973,147	-5,515,278	19,457,869	30.00
31.00	03100	INTENSIVE CARE UNIT	6,751,000	3,233,058	9,984,058	-2,250,814	7,733,244	31.00
41.00	04100	SUBPROVIDER - IRF	3,083,852	891,201	3,975,053	-818,908	3,156,145	41.00
43.00	04300	NURSERY	945,671	952,899	1,898,570	-222,391	1,676,179	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,803,043	22,955,617	26,758,660	-18,183,480	8,575,180	50.00
50.01	03330	AMBULATORY SURGERY	2,300,096	1,496,597	3,796,693	-987,894	2,808,799	50.01
51.00	05100	RECOVERY ROOM	834,185	199,325	1,033,510	-184,307	849,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	153,005	2,184,986	2,337,991	-522,919	1,815,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,815,431	5,169,215	8,984,646	-4,277,069	4,707,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	943,055	1,300,084	2,243,139	-235,384	2,007,755	55.00
56.00	05600	RADIOISOTOPE	1,172,134	924,641	2,096,775	-135,651	1,961,124	56.00
57.00	05700	CT SCAN	748,256	593,242	1,341,498	-437,539	903,959	57.00
58.00	05800	MRI	401,954	620,209	1,022,163	-475,141	547,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,694,961	5,713,997	7,408,958	-4,342,884	3,066,074	59.00
60.00	06000	LABORATORY	0	10,141,921	10,141,921	-304,038	9,837,883	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	811,379	811,379	0	811,379	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,979,816	904,290	2,884,106	-806,011	2,078,095	65.00
66.00	06600	PHYSICAL THERAPY	2,992,702	698,505	3,691,207	-773,975	2,917,232	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	510,173	313,862	824,035	-132,427	691,608	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,567,147	348,288	1,915,435	-245,587	1,669,848	67.00
68.00	06800	SPEECH PATHOLOGY	1,080,123	622,906	1,703,029	-567,495	1,135,534	68.00
69.00	06900	ELECTROCARDIOLOGY	703,514	1,271,197	1,974,711	-253,178	1,721,533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,969	245,191	329,160	-151,187	177,973	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,761,338	13,761,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,872,610	11,872,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,532,953	9,532,953	73.00
74.00	07400	RENAL DIALYSIS	314,716	651,235	965,951	-156,986	808,965	74.00
76.97	07697	CARDIAC REHABILITATION	494,582	302,530	797,112	-113,330	683,782	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	345,490	275,991	621,481	-72,803	548,678	90.00
90.01	09001	WELLNESS PROGRAM	163,241	63,920	227,161	-27,942	199,219	90.01
90.02	09002	WOUND CARE CENTER	195,648	853,224	1,048,872	-334,424	714,448	90.02
91.00	09100	EMERGENCY	4,373,988	2,050,713	6,424,701	-1,709,122	4,715,579	91.00
91.01	04040	FAMILY PRACTICE	2,820,814	1,191,487	4,012,301	-3,116,524	895,777	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,533,507	506,107	2,039,614	-423,408	1,616,206	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,439,311	5,439,311	-5,439,311	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,121,235	177,363,059	261,484,294	-48,527	261,435,767	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
193.00	19300	NONPAID WORKERS	0	1,999	1,999	77,392	79,391	193.00
194.00	07950	OTHER	158,910	30,111	189,021	-28,865	160,156	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	84,280,145	177,395,169	261,675,314	0	261,675,314	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,504,581	19,399,991	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	759,778	1,339,673	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-606,815	19,258,578	4.00
5.10	01160	COMMUNICATIONS	0	139,872	5.10
5.20	00550	DATA PROCESSING	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	-7,056,554	44,749,564	5.60
5.90	00593	RNP ADMINISTRATION	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	21,466	6.00
7.00	00700	OPERATION OF PLANT	119,984	11,635,248	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,398	996,592	8.00
8.01	00801	RNP LAUNDRY	0	0	8.01
9.00	00900	HOUSEKEEPING	0	4,224,641	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	9.01
10.00	01000	DIETARY	0	2,025,650	10.00
10.01	01001	RNP DIETARY	0	0	10.01
11.00	01100	CAFETERIA	-974,704	1,132,662	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-5,237	2,178,757	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	295,655	14.00
15.00	01500	PHARMACY	0	2,604,119	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,358,231	4,620,924	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	17.01
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	5,309,998	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-68,000	5,872,035	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	19,457,869	30.00
31.00	03100	INTENSIVE CARE UNIT	714,289	8,447,533	31.00
41.00	04100	SUBPROVIDER - IRF	52	3,156,197	41.00
43.00	04300	NURSERY	-725,621	950,558	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,098,207	7,476,973	50.00
50.01	03330	AMBULATORY SURGERY	0	2,808,799	50.01
51.00	05100	RECOVERY ROOM	0	849,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,634,331	180,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,929	4,699,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,007,755	55.00
56.00	05600	RADIOISOTOPE	0	1,961,124	56.00
57.00	05700	CT SCAN	0	903,959	57.00
58.00	05800	MRI	0	547,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,066,074	59.00
60.00	06000	LABORATORY	393,695	10,231,578	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	811,379	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-9,788	2,068,307	65.00
66.00	06600	PHYSICAL THERAPY	0	2,917,232	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	691,608	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,669,848	67.00
68.00	06800	SPEECH PATHOLOGY	-23,270	1,112,264	68.00
69.00	06900	ELECTROCARDIOLOGY	-829,442	892,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-90,965	87,008	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,761,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,872,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,532,953	73.00
74.00	07400	RENAL DIALYSIS	0	808,965	74.00
76.97	07697	CARDIAC REHABILITATION	-87,947	595,835	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-76,190	472,488	90.00
90.01	09001	WELLNESS PROGRAM	-36,592	162,627	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CARE CENTER	0	714,448	90.02
91.00	09100	EMERGENCY	-461,253	4,254,326	91.00
91.01	04040	FAMILY PRACTICE	-336,713	559,064	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,616,206	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,284,712	247,151,055	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
193.00	19300	NONPAID WORKERS	0	79,391	193.00
194.00	07950	OTHER	0	160,156	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,284,712	247,390,602	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - EMPLOYEE BENEFITS					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,068,540		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
TOTALS		0	18,068,540		
B - DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	9,532,953		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
TOTALS		0	9,532,953		

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,761,338		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	13,761,338		
	D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,872,610		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
	TOTALS		0	11,872,610		
	E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,439,311		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	5,439,311		

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
F - CAFETERIA						
1.00	CAFETERIA	11.00	677,824	1,429,542		1.00
2.00	NONPAID WORKERS	193.00	24,893	52,499		2.00
	TOTALS		702,717	1,482,041		
G - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	300,336		1.00
	TOTALS		0	300,336		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-THERAPEUTIC	55.00	143,617	38,396		1.00
2.00	RADIOISOTOPE	56.00	178,503	47,723		2.00
3.00	CT SCAN	57.00	113,951	30,465		3.00
4.00	MRI	58.00	61,213	16,365		4.00
	TOTALS		497,284	132,949		
K - THERAPY SUPV						
1.00	OCCUPATIONAL THERAPY	67.00	78,309	0		1.00
2.00	SPEECH PATHOLOGY	68.00	40,830	0		2.00
	TOTALS		119,139	0		
L - RADIOLOGY SUPV						
1.00	ELECTROCARDIOLOGY	69.00	21,360	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	3,626	0		2.00
	TOTALS		24,986	0		
M - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	579,895		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,316,229		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	9,896,124		
N - SECURITY						
1.00	ADMINISTRATION & GENERAL	5.60	841,489	115,798		1.00
	TOTALS		841,489	115,798		
O - I & R						
1.00	I&R SERVICES-SALARY & FRINGES	21.00	5,309,998	0		1.00
	APPRV					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		5,309,998	0		
P - RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	695,447	0		1.00
	APPRV					
	TOTALS		695,447	0		

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
Q - FAMILY PRACTICE CENTER					
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	302,882	241,306	1.00
	APPRV				
	TOTALS		302,882	241,306	
R - OB PHYS RECLASS					
1.00	ADMINISTRATION & GENERAL	5.60	334,915	219,818	1.00
	TOTALS		334,915	219,818	
500.00	Grand Total: Increases		8,828,857	71,063,124	500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

		Decreases					11/29/2019 9:33 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS								
1.00	ADMINISTRATION & GENERAL	5.60	0	568,883	0	1.00		
2.00	OPERATION OF PLANT	7.00	0	479,803	0	2.00		
3.00	LAUNDRY & LINEN SERVICE	8.00	0	57,599	0	3.00		
4.00	HOUSEKEEPING	9.00	0	394,523	0	4.00		
5.00	DIETARY	10.00	0	512,722	0	5.00		
6.00	NURSING ADMINISTRATION	13.00	0	303,349	0	6.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	122,685	0	7.00		
8.00	PHARMACY	15.00	0	456,209	0	8.00		
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	456,110	0	9.00		
10.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	1,151,990	0	10.00		
	APPRV							
11.00	ADULTS & PEDIATRICS	30.00	0	4,024,898	0	11.00		
12.00	INTENSIVE CARE UNIT	31.00	0	1,338,221	0	12.00		
13.00	SUBPROVIDER - IRF	41.00	0	691,419	0	13.00		
14.00	NURSERY	43.00	0	181,018	0	14.00		
15.00	OPERATING ROOM	50.00	0	773,186	0	15.00		
16.00	AMBULATORY SURGERY	50.01	0	452,692	0	16.00		
17.00	RECOVERY ROOM	51.00	0	150,752	0	17.00		
18.00	ANESTHESIOLOGY	53.00	0	43,307	0	18.00		
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	914,600	0	19.00		
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	177,462	0	20.00		
21.00	RADIOISOTOPE	56.00	0	222,803	0	21.00		
22.00	CT SCAN	57.00	0	151,632	0	22.00		
23.00	MRI	58.00	0	78,969	0	23.00		
24.00	CARDIAC CATHETERIZATION	59.00	0	312,631	0	24.00		
25.00	RESPIRATORY THERAPY	65.00	0	433,452	0	25.00		
26.00	PHYSICAL THERAPY	66.00	0	637,868	0	26.00		
27.00	DAY REHABILITATION FACILITY	66.02	0	109,631	0	27.00		
28.00	OCCUPATIONAL THERAPY	67.00	0	321,561	0	28.00		
29.00	SPEECH PATHOLOGY	68.00	0	212,678	0	29.00		
30.00	ELECTROCARDIOLOGY	69.00	0	163,055	0	30.00		
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,164	0	31.00		
32.00	RENAL DIALYSIS	74.00	0	60,675	0	32.00		
33.00	CARDIAC REHABILITATION	76.97	0	96,950	0	33.00		
34.00	CLINIC	90.00	0	66,758	0	34.00		
35.00	WELLNESS PROGRAM	90.01	0	27,942	0	35.00		
36.00	WOUND CARE CENTER	90.02	0	46,372	0	36.00		
37.00	EMERGENCY	91.00	0	913,534	0	37.00		
38.00	FAMILY PRACTICE	91.01	0	558,575	0	38.00		
39.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	350,997	0	39.00		
40.00	OTHER	194.00	0	28,865	0	40.00		
	TOTALS		0	18,068,540				
B - DRUGS								
1.00	OPERATION OF PLANT	7.00	0	92	0	1.00		
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,306	0	2.00		
3.00	PHARMACY	15.00	0	7,882,686	0	3.00		
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	99	0	4.00		
5.00	ADULTS & PEDIATRICS	30.00	0	283,911	0	5.00		
6.00	INTENSIVE CARE UNIT	31.00	0	152,664	0	6.00		
7.00	SUBPROVIDER - IRF	41.00	0	10,095	0	7.00		
8.00	NURSERY	43.00	0	372	0	8.00		
9.00	OPERATING ROOM	50.00	0	122,820	0	9.00		
10.00	AMBULATORY SURGERY	50.01	0	75,832	0	10.00		
11.00	RECOVERY ROOM	51.00	0	6,233	0	11.00		
12.00	ANESTHESIOLOGY	53.00	0	161,337	0	12.00		
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	194,657	0	13.00		
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,452	0	14.00		
15.00	RADIOISOTOPE	56.00	0	12,423	0	15.00		
16.00	CT SCAN	57.00	0	60,405	0	16.00		
17.00	MRI	58.00	0	38,193	0	17.00		
18.00	CARDIAC CATHETERIZATION	59.00	0	54,372	0	18.00		
19.00	LABORATORY	60.00	0	67,405	0	19.00		
20.00	RESPIRATORY THERAPY	65.00	0	361	0	20.00		
21.00	DAY REHABILITATION FACILITY	66.02	0	60	0	21.00		
22.00	ELECTROCARDIOLOGY	69.00	0	6,915	0	22.00		
23.00	RENAL DIALYSIS	74.00	0	12,687	0	23.00		
24.00	CLINIC	90.00	0	3,700	0	24.00		
25.00	WOUND CARE CENTER	90.02	0	9,552	0	25.00		
26.00	EMERGENCY	91.00	0	255,538	0	26.00		
27.00	FAMILY PRACTICE	91.01	0	91,077	0	27.00		
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	24,709	0	28.00		

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

		Decreases					11/29/2019 9:33 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	9,532,953			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,588	0		1.00
2.00	COMMUNICATIONS	5.10	0	21	0		2.00
3.00	ADMINISTRATION & GENERAL	5.60	0	3,320	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	283	0		4.00
5.00	OPERATION OF PLANT	7.00	0	4,501	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	169	0		6.00
7.00	HOUSEKEEPING	9.00	0	2,807	0		7.00
8.00	DIETARY	10.00	0	235	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	733	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	508,474	0		10.00
11.00	PHARMACY	15.00	0	50,502	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	396	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	983,902	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	641,944	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	94,255	0		16.00
17.00	NURSERY	43.00	0	473	0		17.00
18.00	OPERATING ROOM	50.00	0	6,603,804	0		18.00
19.00	AMBULATORY SURGERY	50.01	0	295,336	0		19.00
20.00	RECOVERY ROOM	51.00	0	27,232	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	226,506	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	576,880	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,183	0		23.00
24.00	RADIOISOTOPE	56.00	0	35,602	0		24.00
25.00	CT SCAN	57.00	0	183,627	0		25.00
26.00	MRI	58.00	0	30,667	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	1,964,868	0		27.00
28.00	LABORATORY	60.00	0	45,309	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	302,422	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	15,518	0		30.00
31.00	DAY REHABILITATION FACILITY	66.02	0	18,366	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	2,335	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	385,668	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	32,986	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,654	0		35.00
36.00	RENAL DIALYSIS	74.00	0	71,172	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	4,024	0		37.00
38.00	CLINIC	90.00	0	2,345	0		38.00
39.00	WOUND CARE CENTER	90.02	0	124,579	0		39.00
40.00	EMERGENCY	91.00	0	418,931	0		40.00
41.00	FAMILY PRACTICE	91.01	0	9,754	0		41.00
42.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	46,965	0		42.00
	TOTALS		0	13,761,338			
D - IMPLANTS							
1.00	HOUSEKEEPING	9.00	0	4,540	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,049	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	15,668	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	39,555	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,396	0		5.00
6.00	OPERATING ROOM	50.00	0	9,546,803	0		6.00
7.00	AMBULATORY SURGERY	50.01	0	40,508	0		7.00
8.00	RECOVERY ROOM	51.00	0	90	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	14,168	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	358,934	0		10.00
11.00	RADIOISOTOPE	56.00	0	2,362	0		11.00
12.00	CT SCAN	57.00	0	6,473	0		12.00
13.00	MRI	58.00	0	1,306	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,637,306	0		14.00
15.00	DAY REHABILITATION FACILITY	66.02	0	227	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	138	0		16.00
17.00	RENAL DIALYSIS	74.00	0	8,208	0		17.00
18.00	WOUND CARE CENTER	90.02	0	140,521	0		18.00
19.00	EMERGENCY	91.00	0	49,621	0		19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	737	0		20.00
	TOTALS		0	11,872,610			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,439,311	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	5,439,311			

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - CAFETERIA						
1.00	DIETARY	10.00	702,717	1,482,041	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		702,717	1,482,041			
	G - PROPERTY INSURANCE						
1.00	ADMINISTRATION & GENERAL	5.60	0	300,336	12		1.00
	TOTALS		0	300,336			
	I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	497,284	132,949	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
	TOTALS		497,284	132,949			
	K - THERAPY SUPV						
1.00	PHYSICAL THERAPY	66.00	119,139	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		119,139	0			
	L - CARDIOLOGY SUPV						
1.00	RESPIRATORY THERAPY	65.00	24,986	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		24,986	0			
	M - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,151	9		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	3,514,001	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	29,967	0		3.00
4.00	OPERATION OF PLANT	7.00	0	507,096	0		4.00
5.00	HOUSEKEEPING	9.00	0	10,594	0		5.00
6.00	DIETARY	10.00	0	35,935	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	521,836	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	117,249	0		8.00
9.00	PHARMACY	15.00	0	41,518	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,286	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	206,899	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	78,430	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	21,743	0		13.00
14.00	NURSERY	43.00	0	40,528	0		14.00
15.00	OPERATING ROOM	50.00	0	1,136,867	0		15.00
16.00	AMBULATORY SURGERY	50.01	0	123,526	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	77,601	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,601,765	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	204,300	0		19.00
20.00	RADIOISOTOPE	56.00	0	88,687	0		20.00
21.00	CT SCAN	57.00	0	179,818	0		21.00
22.00	MRI	58.00	0	403,584	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	373,707	0		23.00
24.00	LABORATORY	60.00	0	191,324	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	44,790	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	1,450	0		26.00
27.00	DAY REHABILITATION FACILITY	66.02	0	4,143	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	9,979	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	71,444	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	124,995	0		30.00
31.00	RENAL DIALYSIS	74.00	0	4,244	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	12,356	0		32.00
33.00	WOUND CARE CENTER	90.02	0	13,400	0		33.00
34.00	EMERGENCY	91.00	0	68,363	0		34.00
35.00	FAMILY PRACTICE	91.01	0	5,548	0		35.00
	TOTALS		0	9,896,124			
	N - SECURITY						
1.00	OPERATION OF PLANT	7.00	841,489	115,798	0		1.00
	TOTALS		841,489	115,798			
	O - I & R						
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	4,094,928	0	0		1.00
2.00	APPRV	91.00	3,135	0	0		2.00
3.00	FAMILY PRACTICE	91.01	1,211,935	0	0		3.00
	TOTALS		5,309,998	0			
	P - RESIDENT SALARIES						
1.00	FAMILY PRACTICE	91.01	695,447	0	0		1.00
	TOTALS		695,447	0			
	Q - FAMILY PRACTICE CENTER						
1.00	FAMILY PRACTICE	91.01	302,882	241,306	0		1.00
	TOTALS		302,882	241,306			

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:33 am

	Decreases						11/29/2016 9:05 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	R - OB PHYS RECLASS						
	I&R SERVICES-OTHER PRGM COSTS	22.00	334,915	219,818	0		1.00
	APPRV						
	TOTALS		334,915	219,818			
500.00	Grand Total: Decreases		8,828,857	71,063,124			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/29/2019 9:33 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	45,590,000	0	0	0	0	1.00	
2.00	Land Improvements	2,279,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	85,049,590	792,389	0	792,389	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	27,581,079	4,037,185	0	4,037,185	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	160,499,669	4,829,574	0	4,829,574	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	160,499,669	4,829,574	0	4,829,574	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,590,000	0				1.00	
2.00	Land Improvements	2,279,000	0				2.00	
3.00	Buildings and Fixtures	85,841,979	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	31,618,264	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	165,329,243	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	165,329,243	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/29/2019 9:33 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	7,848,696	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,848,696	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	7,848,696				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,848,696				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/29/2019 9:33 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	132,918,590	0	132,918,590	0.828155	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,581,079	0	27,581,079	0.171845	0	2.00
3.00	Total (sum of lines 1-2)	160,499,669	0	160,499,669	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	22,054,642	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,339,673	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,394,315	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	-2,954,987	300,336	0	0	19,399,991	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,339,673	2.00
3.00	Total (sum of lines 1-2)	-2,954,987	300,336	0	0	20,739,664	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-8,394,298	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,845,838			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,262,585			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-974,704	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		0		0.00	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	905,062	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	759,778	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-1,149,360	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC REVENUE	B	-610,615	ADMINISTRATION & GENERAL	5.00	0	33.01
33.02	MISC REVENUE	B	-5,237	NURSING ADMINISTRATION	13.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.07	ALCOHOL COST	A	-245	ADMINISTRATION & GENERAL	5.60	0	33.07
33.12	MISC REVENUE	B	0	ADULTS & PEDIATRICS	30.00	0	33.12
33.16	MISC REVENUE	B	0	NURSING ADMINISTRATION	13.00	0	33.16
33.19	MISC REVENUE	B	-2,620	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-68,000	I&R SERVICES-OTHER PRGM COSTS	22.00	0	33.20
				APPRV			
33.25	MISC REVENUE	B	52	SUBPROVIDER - IRF	41.00	0	33.25
33.50	MISC REVENUE	B	-7,929	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
40.00	MISC REVENUE	B	-23,270	SPEECH PATHOLOGY	68.00	0	40.00
41.00	MISC REVENUE	B	-87,947	CARDIAC REHABILITATION	76.97	0	41.00
43.00	MISC REVENUE	B	-4,250	CLINIC	90.00	0	43.00
44.00	MISC REVENUE	B	-36,592	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE	B	-1,284	FAMILY PRACTICE	91.01	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,284,712				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: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2019 9:33 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	3,984,655	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST REPORT	891,060	0	2.00
3.00	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST REPORT	22,971,944	29,417,638	3.00
3.01	7.00	OPERATION OF PLANT	HOME OFFICE COST REPORT	119,984	0	3.01
3.02	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COST REPORT	3,398	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	1,360,851	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST REPORT	914,289	0	3.04
3.05	60.00	LABORATORY	ALVERNO	10,026,277	9,592,235	3.05
3.06	0.00			0	0	3.06
3.07	0.00			0	0	3.07
3.08	0.00			0	0	3.08
3.09	0.00			0	0	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3.11
3.12	0.00			0	0	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,272,458	39,009,873	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	
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	PRESENCE CARE	100.00	6.00
7.00	C		66.67	ALVERNO	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2019 9:33 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	3,984,655	9		1.00
2.00	891,060	0		2.00
3.00	-6,445,694	0		3.00
3.01	119,984	0		3.01
3.02	3,398	0		3.02
3.03	1,360,851	0		3.03
3.04	914,289	0		3.04
3.05	434,042	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	0	0		4.00
5.00	1,262,585			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTH CARE		6.00
7.00	LAB		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2019 9:33 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	348,515	348,515	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	200,000	200,000	0	179,000	0	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	211,500	0	8.00
9.00	43.00	NURSERY	725,621	725,621	0	0	0	9.00
10.00	50.00	OPERATING ROOM	1,098,207	1,098,207	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	1,634,331	1,634,331	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	40,347	40,347	0	0	0	15.00
16.00	65.00	RESPIRATORY THERAPY	9,788	9,788	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	829,442	829,442	0	211,500	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	90,965	90,965	0	179,000	0	18.00
19.00	90.00	CLINIC	71,940	71,940	0	0	0	19.00
20.00	91.00	EMERGENCY	461,253	461,253	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	335,429	335,429	0	179,000	0	21.00
200.00			5,845,838	5,845,838	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	0	0	0	0	0	15.00
16.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	0	0	0	0	0	21.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	348,515		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	0	0	200,000		7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	0		8.00
9.00	43.00	NURSERY	0	0	0	725,621		9.00
10.00	50.00	OPERATING ROOM	0	0	0	1,098,207		10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	1,634,331		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2019 9:33 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		14.00
15.00	60.00	LABORATORY	0	0	0	40,347		15.00
16.00	65.00	RESPIRATORY THERAPY	0	0	0	9,788		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	829,442		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	90,965		18.00
19.00	90.00	CLINIC	0	0	0	71,940		19.00
20.00	91.00	EMERGENCY	0	0	0	461,253		20.00
21.00	91.01	FAMILY PRACTICE	0	0	0	335,429		21.00
200.00			0	0	0	5,845,838		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.10	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	19,399,991	19,399,991			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,339,673	1,339,673			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,258,578	234,975	6,528	19,500,081	4.00
5.10	01160	COMMUNICATIONS	139,872	113,276	0	0	253,148
5.20	00550	DATA PROCESSING	0	0	0	0	0
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	6,694
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	11,562
5.60	00592	ADMINISTRATION & GENERAL	44,749,564	3,237,013	48,699	1,178,064	46,851
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	21,466	141,607	0	0	6,085
7.00	00700	OPERATION OF PLANT	11,635,248	3,668,228	169,722	208,432	4,260
7.01	00701	ELECTRICITY	0	0	0	0	4,868
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	996,592	140,531	0	35,712	609
8.01	00801	RNP LAUNDRY	0	0	0	0	0
9.00	00900	HOUSEKEEPING	4,224,641	234,281	9,671	210,697	609
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0
10.00	01000	DIETARY	2,025,650	439,466	32,804	151,411	4,260
10.01	01001	RNP DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	1,132,662	161,851	0	157,519	3,651
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,178,757	129,189	301,522	329,744	11,562
14.00	01400	CENTRAL SERVICES & SUPPLY	295,655	296,303	697	84,808	609
15.00	01500	PHARMACY	2,604,119	245,719	37,901	550,108	5,477
16.00	01600	MEDICAL RECORDS & LIBRARY	4,620,924	233,779	0	557,422	17,039
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,309,998	0	0	1,233,985	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,872,035	126,341	0	295,636	6,694
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,457,869	3,362,110	1,493	4,333,373	24,341
31.00	03100	INTENSIVE CARE UNIT	8,447,533	633,476	9,957	1,568,858	1,217
41.00	04100	SUBPROVIDER - IRF	3,156,197	953,660	0	716,653	1,826
43.00	04300	NURSERY	950,558	0	0	219,764	1,217
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,476,973	515,462	1,522	883,785	3,043
50.01	03330	AMBULATORY SURGERY	2,808,799	325,663	0	534,517	0
51.00	05100	RECOVERY ROOM	849,203	44,243	0	193,855	609
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	180,741	51,876	309	35,557	1,217
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699,648	1,017,357	342,978	771,101	12,779
55.00	05500	RADIOLOGY-THERAPEUTIC	2,007,755	263,043	142,031	252,531	7,302
56.00	05600	RADIOISOTOPE	1,961,124	141,559	0	313,873	2,434
57.00	05700	CT SCAN	903,959	63,194	164,151	200,367	0
58.00	05800	MRI	547,022	120,550	0	107,635	0
59.00	05900	CARDIAC CATHETERIZATION	3,066,074	234,473	0	393,890	609
60.00	06000	LABORATORY	10,231,578	331,191	10,429	0	14,605
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	811,379	12,658	0	0	609
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,068,307	74,034	0	454,281	3,043
66.00	06600	PHYSICAL THERAPY	2,917,232	181,783	0	667,784	6,694
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0
66.02	06602	DAY REHABILITATION FACILITY	691,608	129,954	3,782	118,559	0
67.00	06700	OCCUPATIONAL THERAPY	1,669,848	186,473	0	382,386	4,260
68.00	06800	SPEECH PATHOLOGY	1,112,264	40,702	0	260,497	609
69.00	06900	ELECTROCARDIOLOGY	892,091	301,041	0	168,453	5,477
70.00	07000	ELECTROENCEPHALOGRAPHY	87,008	0	49,903	20,356	609
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,761,338	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,872,610	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,532,953	89,731	0	0	0
74.00	07400	RENAL DIALYSIS	808,965	132,156	0	73,137	1,217
76.97	07697	CARDIAC REHABILITATION	595,835	0	0	114,935	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

	Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00	2.00	4.00	5.10
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	472,488	178,241	0	80,288	7,302	90.00
90.01	09001	WELLNESS PROGRAM	162,627	51,996	0	37,935	609	90.01
90.02	09002	WOUND CARE CENTER	714,448	0	0	45,466	0	90.02
91.00	09100	EMERGENCY	4,254,326	409,843	509	1,015,738	7,302	91.00
91.01	04040	FAMILY PRACTICE	559,064	15,673	5,065	141,885	12,779	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,616,206	0	0	356,370	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,151,055	19,264,701	1,339,673	19,457,367	252,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	609	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	79,391	135,290	0	5,785	0	193.00
194.00	07950	OTHER	160,156	0	0	36,929	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	247,390,602	19,399,991	1,339,673	19,500,081	253,148	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	0					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	6,694				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	11,562			5.50
5.60	00592	ADMINISTRATION & GENERAL	0	50	0	49,260,241	49,260,241	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	1	0	169,159	42,628	6.00
7.00	00700	OPERATION OF PLANT	0	84	0	15,685,974	3,952,881	7.00
7.01	00701	ELECTRICITY	0	0	0	4,868	1,227	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	1,173,445	295,709	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	24	0	4,679,923	1,179,345	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	75	0	2,653,666	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	1,455,683	366,834	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	72	0	2,950,846	743,616	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	535	0	678,607	171,010	14.00
15.00	01500	PHARMACY	0	248	0	3,443,572	867,784	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16	0	5,429,180	1,368,159	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,543,983	1,649,090	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	53	0	6,300,759	1,587,798	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	1,623	1,080	27,181,889	6,849,783	30.00
31.00	03100	INTENSIVE CARE UNIT	0	523	426	10,661,990	2,686,832	31.00
41.00	04100	SUBPROVIDER - IRF	0	193	223	4,828,752	1,216,850	41.00
43.00	04300	NURSERY	0	0	130	1,171,669	295,262	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,471	1,009	8,883,265	2,238,592	50.00
50.01	03330	AMBULATORY SURGERY	0	146	223	3,669,348	924,679	50.01
51.00	05100	RECOVERY ROOM	0	16	189	1,088,115	274,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38	258	269,996	68,039	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	238	490	6,844,591	1,724,844	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	51	247	2,672,960	673,589	55.00
56.00	05600	RADIOISOTOPE	0	49	333	2,419,372	609,684	56.00
57.00	05700	CT SCAN	0	148	578	1,332,397	335,765	57.00
58.00	05800	MRI	0	35	157	775,399	195,401	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	157	582	3,695,785	931,342	59.00
60.00	06000	LABORATORY	0	74	1,094	10,588,971	2,668,431	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	63	824,709	207,827	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	13	278	2,599,956	655,192	65.00
66.00	06600	PHYSICAL THERAPY	0	22	243	3,773,758	950,991	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	27	36	943,966	237,880	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	10	103	2,243,080	565,258	67.00
68.00	06800	SPEECH PATHOLOGY	0	5	37	1,414,114	356,358	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20	361	1,367,443	344,597	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	12	157,890	39,788	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	566	13,761,904	3,468,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	630	11,873,240	2,992,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,181	9,623,865	2,425,224	73.00
74.00	07400	RENAL DIALYSIS	0	40	70	1,015,585	255,928	74.00
76.97	07697	CARDIAC REHABILITATION	0	6	30	710,806	179,124	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12	9	738,340	186,062	90.00
90.01	09001	WELLNESS PROGRAM	0	13	0	253,180	63,802	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
90.02	09002	WOUND CARE CENTER	0	209	62	760,185	191,567	90.02
91.00	09100	EMERGENCY	0	294	738	5,688,750	1,433,571	91.00
91.01	04040	FAMILY PRACTICE	0	25	0	734,491	185,092	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	74	124	1,972,774	497,141	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,693	11,562	246,972,441	49,154,864	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	609	153	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	1	0	220,467	55,558	193.00
194.00	07950	OTHER	0	0	0	197,085	49,666	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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	6,694	11,562	247,390,602	49,260,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	211,787				6.00
7.00	00700	OPERATION OF PLANT	0	152,061	19,790,916			7.00
7.01	00701	ELECTRICITY	0	0	0	6,095		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	231,675	71	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	1,763	386,229	119	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	8,972	724,491	223	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	266,822	82	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	187	212,976	66	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8	488,477	150	0	14.00
15.00	01500	PHARMACY	0	117	405,085	125	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182	385,401	119	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	15	208,282	64	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	913	5,542,674	1,707	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,044,330	322	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	249	1,572,176	484	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,477	849,776	262	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	536,879	165	0	50.01
51.00	05100	RECOVERY ROOM	0	0	72,938	22	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	85,522	26	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	88	1,677,185	517	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39	433,645	134	0	55.00
56.00	05600	RADIOISOTOPE	0	609	233,371	72	0	56.00
57.00	05700	CT SCAN	0	17	104,181	32	0	57.00
58.00	05800	MRI	0	17	198,736	61	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	386,545	119	0	59.00
60.00	06000	LABORATORY	0	3,797	545,991	168	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	20,868	6	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	15	122,050	38	0	65.00
66.00	06600	PHYSICAL THERAPY	0	87	299,682	92	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	565	214,239	66	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	87	307,414	95	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	74	67,100	21	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,190	496,288	153	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	147,928	46	0	73.00
74.00	07400	RENAL DIALYSIS	0	405	217,868	67	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								
90.00	09000	CLINIC	0	1,475	293,844	90	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	85,719	26	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	675,655	208	0	91.00
91.01	04040	FAMILY PRACTICE	0	288	25,838	8	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	211,787	19,567,880	6,026	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
193.00	19300	NONPAID WORKERS	0	0	223,036	69	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	211,787	19,790,916	6,095	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,700,900					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	6,247,379			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	164,212	0	3,551,564	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	41,053	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	22,726	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,000	0	20,526	0	0	14.00
15.00	01500	PHARMACY	0	0	48,384	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	197	0	30,790	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	28,437	0	7,331	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	628,221	0	2,311,673	0	2,649,699	30.00
31.00	03100	INTENSIVE CARE UNIT	151,100	0	334,288	0	281,514	31.00
41.00	04100	SUBPROVIDER - IRF	99,002	0	369,477	0	620,351	41.00
43.00	04300	NURSERY	0	0	50,583	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,597	0	771,209	0	0	50.00
50.01	03330	AMBULATORY SURGERY	91,196	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	37,771	0	14,662	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,183	0	14,662	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,302	0	143,685	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,018	0	92,369	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	29,324	0	0	56.00
57.00	05700	CT SCAN	45	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,957	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	167,633	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	10,263	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	27,857	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31,926	0	43,985	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,341	0	58,647	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,362	0	36,654	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,205	0	8,797	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	7,331	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,130	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								
90.00	09000	CLINIC	16,658	0	296,656	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	9,553	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	216,434	0	371,431	0	0	91.00
91.01	04040	FAMILY PRACTICE	1,265	0	70,376	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,700,900	0	5,566,584	0	3,551,564	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5,132	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	555,339	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	117,294	0	0	193.00
194.00	07950	OTHER	0	0	3,030	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,700,900	0	6,247,379	0	3,551,564	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	2,130,474				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	29,421	0	3,959,838		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,741	0	0	1,380,519	14.00
15.00	01500	PHARMACY	0	54,869	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,453	0	128	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	186,712	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	34,290	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	556,015	0	1,701,486	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	172,649	0	697,089	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	94,214	0	257,630	0	41.00
43.00	04300	NURSERY	0	21,758	0	95,192	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	99,800	0	160,748	0	50.00
50.01	03330	AMBULATORY SURGERY	0	59,237	0	205,304	0	50.01
51.00	05100	RECOVERY ROOM	0	17,340	0	75,080	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,487	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	104,643	0	69,580	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,543	0	17,290	0	55.00
56.00	05600	RADIOISOTOPE	0	37,792	0	0	0	56.00
57.00	05700	CT SCAN	0	25,937	0	0	0	57.00
58.00	05800	MRI	0	12,730	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,449	0	66,135	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	57,892	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	82,462	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	15,544	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	42,463	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	27,184	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,174	0	10,698	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,246	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	741,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	639,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,490	0	23,740	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,533	0	43,035	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,452	0	4,673	0	90.00
90.01	09001	WELLNESS PROGRAM	0	3,168	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	5,857	0	20,593	0	90.02
91.00	09100	EMERGENCY	0	118,825	0	360,780	0	91.00
91.01	04040	FAMILY PRACTICE	0	11,556	0	3,490	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	47,067	0	147,167	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,126,993	0	3,959,838	1,380,519	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	3,481	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,130,474	0	3,959,838	1,380,519	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,819,936					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,270,609				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	504,694	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	32,053	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	40,402	0	0	0	41.00
43.00	04300	NURSERY	0	229,575	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,587	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	21,947	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	38,846	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,810,007	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	285,142	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	852,708	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	417,667	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	54,713	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	222,176	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	111,159	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	76,588	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,032,332	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	307,683	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	432,927	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	4,819,936	113,986	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								
90.00	09000	CLINIC	0	411,562	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	226,855	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,819,936	7,270,609	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	4,819,936	7,270,609	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		8,379,785			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,166,976		22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,785,917	4,664,377	0	57,379,048 30.00
31.00	03100	INTENSIVE CARE UNIT	0	596,027	580,891	0	17,239,085 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	9,099,587 41.00
43.00	04300	NURSERY	0	59,013	57,514	0	1,980,566 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	519,311	506,122	0	14,232,746 50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	5,486,808 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1,602,081 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	489,761 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,013	57,514	0	12,651,969 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,230,729 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	4,182,932 56.00
57.00	05700	CT SCAN	0	0	0	0	1,798,374 57.00
58.00	05800	MRI	0	0	0	0	1,182,344 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,154,332 59.00
60.00	06000	LABORATORY	0	118,025	115,028	0	14,625,711 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,118,386 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	295,063	287,570	0	4,267,809 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,294,142 66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	76,588 66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	1,412,260 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,218,385 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,864,851 68.00
69.00	06900	ELECTROCARDIOLOGY	0	295,063	287,570	0	3,925,524 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59,013	57,514	0	636,226 70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,403,965 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,504,707 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,138,316 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,530,213 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	945,498 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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	118,025	115,028	0	2,190,865 90.00
90.01	09001	WELLNESS PROGRAM	0	118,025	115,028	0	638,948 90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	987,755 90.02
91.00	09100	EMERGENCY	0	885,189	862,709	0	10,840,407 91.00
91.01	04040	FAMILY PRACTICE	0	472,101	460,111	0	1,964,616 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	2,664,149 92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,379,785	8,166,976	0	245,959,683 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	5,894 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	555,339 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	616,424 193.00
194.00	07950	OTHER	0	0	0	0	253,262 194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,379,785	8,166,976	0	247,390,602 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.10	01160	COMMUNICATIONS			5.10
5.20	00550	DATA PROCESSING			5.20
5.30	00560	PURCHASING RECEIVING AND STORES			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.50
5.60	00592	ADMINISTRATION & GENERAL			5.60
5.90	00593	RNP ADMINISTRATION			5.90
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	ELECTRICITY			7.01
7.02	00702	RNP OPERATION OF PLANT			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	RNP LAUNDRY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	RNP HOSUEKEEPING			9.01
10.00	01000	DIETARY			10.00
10.01	01001	RNP DIETARY			10.01
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
17.01	01701	RNP SOCIAL SERVICE			17.01
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	-9,450,294	47,928,754	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,176,918	16,062,167	31.00
41.00	04100	SUBPROVIDER - IRF	0	9,099,587	41.00
43.00	04300	NURSERY	-116,527	1,864,039	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,025,433	13,207,313	50.00
50.01	03330	AMBULATORY SURGERY	0	5,486,808	50.01
51.00	05100	RECOVERY ROOM	0	1,602,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	489,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-116,527	12,535,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,230,729	55.00
56.00	05600	RADIOISOTOPE	0	4,182,932	56.00
57.00	05700	CT SCAN	0	1,798,374	57.00
58.00	05800	MRI	0	1,182,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,154,332	59.00
60.00	06000	LABORATORY	-233,053	14,392,658	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,118,386	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-582,633	3,685,176	65.00
66.00	06600	PHYSICAL THERAPY	0	5,294,142	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	76,588	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	1,412,260	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,218,385	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,864,851	68.00
69.00	06900	ELECTROCARDIOLOGY	-582,633	3,342,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-116,527	519,699	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,403,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,504,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,138,316	73.00
74.00	07400	RENAL DIALYSIS	0	1,530,213	74.00
76.97	07697	CARDIAC REHABILITATION	0	945,498	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-233,053	1,957,812	90.00
90.01	09001	WELLNESS PROGRAM	-233,053	405,895	90.01
90.02	09002	WOUND CARE CENTER	0	987,755	90.02
91.00	09100	EMERGENCY	-1,747,898	9,092,509	91.00
91.01	04040	FAMILY PRACTICE	-932,212	1,032,404	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,664,149	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,546,761	229,412,922	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,894	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	555,339	192.00
193.00	19300	NONPAID WORKERS	0	616,424	193.00
194.00	07950	OTHER	0	253,262	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-16,546,761	230,843,841	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,288	234,975	6,528	244,791	4.00
5.10	01160	COMMUNICATIONS	0	113,276	0	113,276	5.10
5.20	00550	DATA PROCESSING	0	0	0	0	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.50
5.60	00592	ADMINISTRATION & GENERAL	32,997	3,237,013	48,699	3,318,709	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	554	141,607	0	142,161	6.00
7.00	00700	OPERATION OF PLANT	11,446	3,668,228	169,722	3,849,396	7.00
7.01	00701	ELECTRICITY	0	0	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,526	140,531	0	142,057	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	4,195	234,281	9,671	248,147	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	19,965	439,466	32,804	492,235	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	161,851	0	161,851	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,060	129,189	301,522	438,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,287	296,303	697	402,287	14.00
15.00	01500	PHARMACY	30,431	245,719	37,901	314,051	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	38,866	233,779	0	272,645	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	7,785	126,341	0	134,126	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	29,898	3,362,110	1,493	3,393,501	30.00
31.00	03100	INTENSIVE CARE UNIT	11,191	633,476	9,957	654,624	31.00
41.00	04100	SUBPROVIDER - IRF	15,147	953,660	0	968,807	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	282,604	515,462	1,522	799,588	50.00
50.01	03330	AMBULATORY SURGERY	6,745	325,663	0	332,408	50.01
51.00	05100	RECOVERY ROOM	114	44,243	0	44,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,873	51,876	309	57,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,974	1,017,357	342,978	1,436,309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,797	263,043	142,031	419,871	55.00
56.00	05600	RADIOISOTOPE	3,420	141,559	0	144,979	56.00
57.00	05700	CT SCAN	0	63,194	164,151	227,345	57.00
58.00	05800	MRI	3,314	120,550	0	123,864	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,126	234,473	0	239,599	59.00
60.00	06000	LABORATORY	22,392	331,191	10,429	364,012	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	248	12,658	0	12,906	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	57,065	74,034	0	131,099	65.00
66.00	06600	PHYSICAL THERAPY	12,750	181,783	0	194,533	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	859	129,954	3,782	134,595	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	186,473	0	186,473	67.00
68.00	06800	SPEECH PATHOLOGY	444	40,702	0	41,146	68.00
69.00	06900	ELECTROCARDIOLOGY	6,348	301,041	0	307,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	394	0	49,903	50,297	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
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	89,731	0	89,731	73.00
74.00	07400	RENAL DIALYSIS	1,807	132,156	0	133,963	74.00
76.97	07697	CARDIAC REHABILITATION	2,801	0	0	2,801	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

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		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,456	178,241	0	180,697	1,008	90.00
90.01	09001	WELLNESS PROGRAM	3,157	51,996	0	55,153	476	90.01
90.02	09002	WOUND CARE CENTER	2,672	0	0	2,672	571	90.02
91.00	09100	EMERGENCY	14,254	409,843	509	424,606	12,750	91.00
91.01	04040	FAMILY PRACTICE	8,995	15,673	5,065	29,733	1,781	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	496	0	0	496	4,473	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	854,741	19,264,701	1,339,673	21,459,115	244,254	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
193.00	19300	NONPAID WORKERS	1,788	135,290	0	137,078	73	193.00
194.00	07950	OTHER	0	0	0	0	464	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	856,529	19,399,991	1,339,673	21,596,193	244,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
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
5.10	01160	COMMUNICATIONS	113,276					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	2,995	0	2,995			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,174	0	0	5,174		5.50
5.60	00592	ADMINISTRATION & GENERAL	20,969	0	23	0	3,354,488	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	2,723	0	1	0	2,903	6.00
7.00	00700	OPERATION OF PLANT	1,906	0	38	0	269,187	7.00
7.01	00701	ELECTRICITY	2,178	0	0	0	84	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	272	0	0	0	20,137	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	272	0	11	0	80,312	9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	1,906	0	33	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	1,634	0	0	0	24,981	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,174	0	32	0	50,639	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	272	0	239	0	11,646	14.00
15.00	01500	PHARMACY	2,451	0	111	0	59,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,624	0	7	0	93,170	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	112,301	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,995	0	24	0	108,127	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	10,892	0	726	1,243	466,382	30.00
31.00	03100	INTENSIVE CARE UNIT	545	0	234	160	182,970	31.00
41.00	04100	SUBPROVIDER - IRF	817	0	86	84	82,866	41.00
43.00	04300	NURSERY	545	0	0	49	20,107	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,361	0	658	378	152,446	50.00
50.01	03330	AMBULATORY SURGERY	0	0	65	84	62,970	50.01
51.00	05100	RECOVERY ROOM	272	0	7	71	18,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	545	0	17	97	4,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,718	0	107	184	117,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,268	0	23	93	45,871	55.00
56.00	05600	RADIOISOTOPE	1,089	0	22	125	41,519	56.00
57.00	05700	CT SCAN	0	0	66	217	22,865	57.00
58.00	05800	MRI	0	0	15	59	13,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	272	0	70	218	63,423	59.00
60.00	06000	LABORATORY	6,535	0	33	410	181,717	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	272	0	0	23	14,153	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,361	0	6	104	44,618	65.00
66.00	06600	PHYSICAL THERAPY	2,995	0	10	91	64,761	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	12	14	16,199	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,906	0	5	39	38,493	67.00
68.00	06800	SPEECH PATHOLOGY	272	0	2	14	24,268	68.00
69.00	06900	ELECTROCARDIOLOGY	2,451	0	9	135	23,467	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272	0	1	5	2,710	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	212	236,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	236	203,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	443	165,155	73.00
74.00	07400	RENAL DIALYSIS	545	0	18	26	17,428	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	3	11	12,198	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,268	0	5	3	12,671	90.00
90.01	09001	WELLNESS PROGRAM	272	0	6	0	4,345	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	94	23	13,046	90.02
91.00	09100	EMERGENCY	3,268	0	132	277	97,625	91.00
91.01	04040	FAMILY PRACTICE	5,718	0	11	0	12,605	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	33	46	33,855	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,004	0	2,995	5,174	3,347,313	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	272	0	0	0	10	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	3,783	193.00
194.00	07950	OTHER	0	0	0	0	3,382	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	113,276	0	2,995	5,174	3,354,488	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	0					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	147,788				6.00
7.00	00700	OPERATION OF PLANT	0	106,110	4,229,253			7.00
7.01	00701	ELECTRICITY	0	0	0	2,262		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	49,508	26		8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	1,230	82,536	44		9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	6,261	154,821	83		10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	57,019	30		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	131	45,512	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6	104,386	56	0	14.00
15.00	01500	PHARMACY	0	82	86,565	46	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	127	82,359	44	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	11	44,509	24	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	637	1,184,451	635	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	223,170	119	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	174	335,969	180	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,849	181,594	97	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	114,729	61	0	50.01
51.00	05100	RECOVERY ROOM	0	0	15,587	8	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,276	10	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61	358,409	192	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27	92,669	50	0	55.00
56.00	05600	RADIOISOTOPE	0	425	49,871	27	0	56.00
57.00	05700	CT SCAN	0	12	22,263	12	0	57.00
58.00	05800	MRI	0	12	42,469	23	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	82,603	44	0	59.00
60.00	06000	LABORATORY	0	2,649	116,677	62	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,459	2	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	11	26,082	14	0	65.00
66.00	06600	PHYSICAL THERAPY	0	61	64,041	34	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	394	45,782	24	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	61	65,693	35	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	52	14,339	8	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	830	106,055	57	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	63	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	31,612	17	0	73.00
74.00	07400	RENAL DIALYSIS	0	282	46,558	25	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								
90.00	09000	CLINIC	0	1,029	62,793	34	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	18,318	10	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	144,385	77	0	91.00
91.01	04040	FAMILY PRACTICE	0	201	5,522	3	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	147,788	4,181,591	2,237	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
193.00	19300	NONPAID WORKERS	0	0	47,662	25	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	147,788	4,229,253	2,262	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOSUEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	212,448					8.00
8.01	00801	RNP LAUNDRY	0	0				8.01
9.00	00900	HOUSEKEEPING	0	0	415,197			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0	0		9.01
10.00	01000	DIETARY	0	0	10,913	0	668,153	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	2,728	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,510	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	250	0	1,364	0	0	14.00
15.00	01500	PHARMACY	0	0	3,216	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25	0	2,046	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	3,552	0	487	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	78,466	0	153,635	0	498,486	30.00
31.00	03100	INTENSIVE CARE UNIT	18,873	0	22,217	0	52,961	31.00
41.00	04100	SUBPROVIDER - IRF	12,366	0	24,555	0	116,706	41.00
43.00	04300	NURSERY	0	0	3,362	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,688	0	51,254	0	0	50.00
50.01	03330	AMBULATORY SURGERY	11,391	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,718	0	974	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	772	0	974	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,022	0	9,549	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,250	0	6,139	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,949	0	0	56.00
57.00	05700	CT SCAN	6	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,491	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	11,141	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	682	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	1,851	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,988	0	2,923	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	167	0	3,898	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,792	0	2,436	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	275	0	585	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	487	0	0	73.00
74.00	07400	RENAL DIALYSIS	891	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								
90.00	09000	CLINIC	2,081	0	19,716	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	1,193	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	27,033	0	24,685	0	0	91.00
91.01	04040	FAMILY PRACTICE	158	0	4,677	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,448	0	369,953	0	668,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	341	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	36,907	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	7,795	0	0	193.00
194.00	07950	OTHER	0	0	201	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	212,448	0	415,197	0	668,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	0					10.01
11.00	01100	CAFETERIA	0	250,220				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,455	0	549,387		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,319	0	0	523,890	14.00
15.00	01500	PHARMACY	0	6,444	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,630	0	18	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	21,929	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,027	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	65,303	0	236,062	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,277	0	96,714	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	11,065	0	35,744	0	41.00
43.00	04300	NURSERY	0	2,555	0	13,207	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,721	0	22,302	0	50.00
50.01	03330	AMBULATORY SURGERY	0	6,957	0	28,484	0	50.01
51.00	05100	RECOVERY ROOM	0	2,037	0	10,417	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	762	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,290	0	9,653	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,470	0	2,399	0	55.00
56.00	05600	RADIOISOTOPE	0	4,439	0	0	0	56.00
57.00	05700	CT SCAN	0	3,046	0	0	0	57.00
58.00	05800	MRI	0	1,495	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,516	0	9,176	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	6,799	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,685	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	1,826	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,987	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,193	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,722	0	1,484	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	381	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	281,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	242,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,115	0	3,294	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,472	0	5,971	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	993	0	648	0	90.00
90.01	09001	WELLNESS PROGRAM	0	372	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	688	0	2,857	0	90.02
91.00	09100	EMERGENCY	0	13,956	0	50,055	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,357	0	484	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,528	0	20,418	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	249,811	0	549,387	523,890	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	409	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	250,220	0	549,387	523,890	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
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	478,966					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	471,692				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	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	32,743	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,080	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	2,621	0	0		41.00
43.00	04300	NURSERY	0	14,894	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,087	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	1,424	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,520	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	117,425	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,499	0	0		55.00
56.00	05600	RADIOISOTOPE	0	55,321	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	27,097	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,550	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	14,414	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	7,212	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	4,969	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	66,974	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,961	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,087	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	478,966	7,395	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,701	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	14,718	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	478,966	471,692	0	0	0	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
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
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)	478,966	471,692	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOSUEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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
17.01	01701	RNP SOCIAL SERVICE					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		149,719			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			301,593		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				6,177,576	30.00
31.00	03100	INTENSIVE CARE UNIT				1,294,637	31.00
41.00	04100	SUBPROVIDER - IRF				1,601,036	41.00
43.00	04300	NURSERY				57,478	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				1,277,116	50.00
50.01	03330	AMBULATORY SURGERY				563,858	50.01
51.00	05100	RECOVERY ROOM				100,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				86,110	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,097,058	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				598,799	55.00
56.00	05600	RADIOISOTOPE				303,706	56.00
57.00	05700	CT SCAN				278,347	57.00
58.00	05800	MRI				182,595	58.00
59.00	05900	CARDIAC CATHETERIZATION				409,356	59.00
60.00	06000	LABORATORY				710,333	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				36,047	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00	06500	RESPIRATORY THERAPY				232,061	65.00
66.00	06600	PHYSICAL THERAPY				358,716	66.00
66.01	06601	RNRC PHYSICAL THERAPY				4,969	66.01
66.02	06602	DAY REHABILITATION FACILITY				200,334	66.02
67.00	06700	OCCUPATIONAL THERAPY				306,557	67.00
68.00	06800	SPEECH PATHOLOGY				86,564	68.00
69.00	06900	ELECTROCARDIOLOGY				519,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				74,806	70.00
70.01	07001	ELECTROPHYSIOLOGY				0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				545,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				446,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				773,806	73.00
74.00	07400	RENAL DIALYSIS				205,063	74.00
76.97	07697	CARDIAC REHABILITATION				23,899	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99	07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		20.00	21.00	22.00	23.00	24.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				311,647	90.00
90.01	09001	WELLNESS PROGRAM				78,952	90.01
90.02	09002	WOUND CARE CENTER				21,144	90.02
91.00	09100	EMERGENCY				813,567	91.00
91.01	04040	FAMILY PRACTICE				62,250	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				64,849	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,906,479	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				623	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				36,907	192.00
193.00	19300	NONPAID WORKERS				196,416	193.00
194.00	07950	OTHER				4,456	194.00
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05
200.00		Cross Foot Adjustments	0	149,719	301,593	0	451,312
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	149,719	301,593	0	21,596,193

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.10	01160	COMMUNICATIONS			5.10
5.20	00550	DATA PROCESSING			5.20
5.30	00560	PURCHASING RECEIVING AND STORES			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.50
5.60	00592	ADMINISTRATION & GENERAL			5.60
5.90	00593	RNP ADMINISTRATION			5.90
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
7.01	00701	ELECTRICITY			7.01
7.02	00702	RNP OPERATION OF PLANT			7.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	RNP LAUNDRY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	RNP HOSUEKEEPING			9.01
10.00	01000	DIETARY			10.00
10.01	01001	RNP DIETARY			10.01
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
17.01	01701	RNP SOCIAL SERVICE			17.01
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	0	6,177,576	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,294,637	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,601,036	41.00
43.00	04300	NURSERY	0	57,478	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,277,116	50.00
50.01	03330	AMBULATORY SURGERY	0	563,858	50.01
51.00	05100	RECOVERY ROOM	0	100,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	86,110	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,097,058	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	598,799	55.00
56.00	05600	RADIOISOTOPE	0	303,706	56.00
57.00	05700	CT SCAN	0	278,347	57.00
58.00	05800	MRI	0	182,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	409,356	59.00
60.00	06000	LABORATORY	0	710,333	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	36,047	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	232,061	65.00
66.00	06600	PHYSICAL THERAPY	0	358,716	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	4,969	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	200,334	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	306,557	67.00
68.00	06800	SPEECH PATHOLOGY	0	86,564	68.00
69.00	06900	ELECTROCARDIOLOGY	0	519,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	74,806	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	545,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	446,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	773,806	73.00
74.00	07400	RENAL DIALYSIS	0	205,063	74.00
76.97	07697	CARDIAC REHABILITATION	0	23,899	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	311,647	90.00
90.01	09001	WELLNESS PROGRAM	0	78,952	90.01
90.02	09002	WOUND CARE CENTER	0	21,144	90.02
91.00	09100	EMERGENCY	0	813,567	91.00
91.01	04040	FAMILY PRACTICE	0	62,250	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	64,849	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,906,479	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	623	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	36,907	192.00
193.00	19300	NONPAID WORKERS	0	196,416	193.00
194.00	07950	OTHER	0	4,456	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	451,312	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	21,596,193	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TI ME)	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.10	5.20	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	810,757					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,467,534				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,820	7,151	83,911,485			4.00
5.10	01160	COMMUNICATIONS	4,734	0	0	416		5.10
5.20	00550	DATA PROCESSING	0	0	0	0	7,049,040	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545	5.50
5.60	00592	ADMINISTRATION & GENERAL	135,280	53,347	5,069,362	77	947,826	5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	5,918	0	0	10	0	6.00
7.00	00700	OPERATION OF PLANT	153,301	185,921	896,912	7	39,769	7.00
7.01	00701	ELECTRICITY	0	0	0	8	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	5,873	0	153,674	1	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	9,791	10,594	906,657	1	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	18,366	35,935	651,541	7	22,094	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	6,764	0	677,824	6	18,780	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,399	330,300	1,418,932	19	161,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,383	763	364,939	1	34,245	14.00
15.00	01500	PHARMACY	10,269	41,518	2,367,186	9	416,469	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,770	0	2,398,659	28	795,378	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,309,998	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,280	0	1,272,159	11	13,256	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	140,508	1,636	18,647,165	40	420,887	30.00
31.00	03100	INTENSIVE CARE UNIT	26,474	10,907	6,751,000	2	95,004	31.00
41.00	04100	SUBPROVIDER - IRF	39,855	0	3,083,852	3	40,874	41.00
43.00	04300	NURSERY	0	0	945,671	2	40,874	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,542	1,667	3,803,043	5	80,643	50.00
50.01	03330	AMBULATORY SURGERY	13,610	0	2,300,096	0	0	50.01
51.00	05100	RECOVERY ROOM	1,849	0	834,185	1	26,513	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,168	338	153,005	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,517	375,713	3,318,147	21	943,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,993	155,587	1,086,672	12	53,025	55.00
56.00	05600	RADIOISOTOPE	5,916	0	1,350,637	4	121,516	56.00
57.00	05700	CT SCAN	2,641	179,818	862,207	0	0	57.00
58.00	05800	MRI	5,038	0	463,167	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,799	0	1,694,961	1	0	59.00
60.00	06000	LABORATORY	13,841	11,424	0	24	1,293,593	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	0	0	1	188,902	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,094	0	1,954,830	5	40,874	65.00
66.00	06600	PHYSICAL THERAPY	7,597	0	2,873,563	11	62,967	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	5,431	4,143	510,173	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	7,793	0	1,645,456	7	107,155	67.00
68.00	06800	SPEECH PATHOLOGY	1,701	0	1,120,953	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,581	0	724,874	9	26,513	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,666	87,595	1	26,513	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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	3,750	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,523	0	314,716	2	110,469	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	494,582	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.10	5.20	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,449	0	345,490	12	175,646	90.00
90.01	09001	WELLNESS PROGRAM	2,173	0	163,241	1	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	195,648	0	0	90.02
91.00	09100	EMERGENCY	17,128	558	4,370,853	12	108,260	91.00
91.01	04040	FAMILY PRACTICE	655	5,548	610,550	21	110,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,533,507	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	805,103	1,467,534	83,727,682	415	7,049,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	5,654	0	24,893	0	0	193.00
194.00	07950	OTHER	0	0	158,910	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	19,399,991	1,339,673	19,500,081	253,148	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.928244	0.912874	0.232389	608.528846	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			244,791	113,276	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002917	272.298077	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:

11/29/2019 9:33 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES	2,005,194					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,501,289,786				5.50
5.60	00592	ADMINISTRATION & GENERAL	15,091	0	-49,260,241	195,476,695		5.60
5.90	00593	RNP ADMINISTRATION	0	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	362	0	0	169,159	0	6.00
7.00	00700	OPERATION OF PLANT	25,195	0	0	15,685,974	0	7.00
7.01	00701	ELECTRICITY	0	0	0	4,868	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	169	0	0	1,173,445	0	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	7,120	0	0	4,679,923	0	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	0	9.01
10.00	01000	DIETARY	22,319	0	-2,653,666	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	1,455,683	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	21,511	0	0	2,950,846	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,237	0	0	678,607	0	14.00
15.00	01500	PHARMACY	74,353	0	0	3,443,572	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,792	0	0	5,429,180	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,543,983	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	15,829	0	0	6,300,759	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	487,068	191,058,602	0	27,181,889	0	30.00
31.00	03100	INTENSIVE CARE UNIT	156,544	53,208,998	0	10,661,990	0	31.00
41.00	04100	SUBPROVIDER - IRF	57,796	27,916,168	0	4,828,752	0	41.00
43.00	04300	NURSERY	12	16,221,104	0	1,171,669	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	440,676	126,164,058	0	8,883,265	0	50.00
50.01	03330	AMBULATORY SURGERY	43,598	27,877,061	0	3,669,348	0	50.01
51.00	05100	RECOVERY ROOM	4,703	23,633,685	0	1,088,115	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,443	32,192,780	0	269,996	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,324	61,197,070	0	6,844,591	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,332	30,894,685	0	2,672,960	0	55.00
56.00	05600	RADIOISOTOPE	14,706	41,611,045	0	2,419,372	0	56.00
57.00	05700	CT SCAN	44,258	72,290,883	0	1,332,397	0	57.00
58.00	05800	MRI	10,365	19,608,402	0	775,399	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,001	72,733,316	0	3,695,785	0	59.00
60.00	06000	LABORATORY	22,168	136,743,542	0	10,588,971	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,814,029	0	824,709	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,761	34,754,930	0	2,599,956	0	65.00
66.00	06600	PHYSICAL THERAPY	6,502	30,348,097	0	3,773,758	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	8,013	4,529,661	0	943,966	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,057	12,892,601	0	2,243,080	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,414	4,652,043	0	1,414,114	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	45,126,203	0	1,367,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	535	1,532,918	0	157,890	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	70,763,389	0	13,761,904	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	78,728,672	0	11,873,240	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	147,586,220	0	9,623,865	0	73.00
74.00	07400	RENAL DIALYSIS	12,007	8,740,547	0	1,015,585	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,901	3,771,056	0	710,806	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COS T)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
			5.30	5.50	5A.60	5.60	5.90	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,493	1,107,549	0	738,340	0	90.00
90.01	09001	WELLNESS PROGRAM	4,015	41,511	0	253,180	0	90.01
90.02	09002	WOUND CARE CENTER	62,749	7,749,326	0	760,185	0	90.02
91.00	09100	EMERGENCY	88,094	92,308,563	0	5,688,750	0	91.00
91.01	04040	FAMILY PRACTICE	7,530	0	0	734,491	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,088	15,491,072	0	1,972,774	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,004,983	1,501,289,786	-51,913,907	195,058,534	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	609	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	211	0	0	220,467	0	193.00
194.00	07950	OTHER	0	0	0	197,085	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,694	11,562		49,260,241	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003338	0.000008		0.252001	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,995	5,174		3,354,488	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001494	0.000003		0.017161	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
		6.00	7.00	7.01	7.02	8.00	
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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS	1,230,250				6.00
7.00	00700	OPERATION OF PLANT	883,312	501,704			7.00
7.01	00701	ELECTRICITY	0	0	501,704		7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	501,704	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,873	5,873	1,485,757	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	8.01
9.00	00900	HOUSEKEEPING	10,239	9,791	9,791	9,791	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00	01000	DIETARY	52,116	18,366	18,366	18,366	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	6,764	6,764	6,764	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,089	5,399	5,399	5,399	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	12,383	12,383	12,383	14.00
15.00	01500	PHARMACY	680	10,269	10,269	10,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,060	9,770	9,770	9,770	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	89	5,280	5,280	5,280	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	5,305	140,508	140,508	140,508	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,474	26,474	26,474	31.00
41.00	04100	SUBPROVIDER - IRF	1,449	39,855	39,855	39,855	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	223,507	21,542	21,542	21,542	50.00
50.01	03330	AMBULATORY SURGERY	0	13,610	13,610	13,610	50.01
51.00	05100	RECOVERY ROOM	0	1,849	1,849	1,849	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,168	2,168	2,168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	509	42,517	42,517	42,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	228	10,993	10,993	10,993	55.00
56.00	05600	RADIOISOTOPE	3,535	5,916	5,916	5,916	56.00
57.00	05700	CT SCAN	96	2,641	2,641	2,641	57.00
58.00	05800	MRI	96	5,038	5,038	5,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,799	9,799	9,799	59.00
60.00	06000	LABORATORY	22,054	13,841	13,841	13,841	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	529	529	529	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	89	3,094	3,094	3,094	65.00
66.00	06600	PHYSICAL THERAPY	506	7,597	7,597	7,597	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	3,282	5,431	5,431	5,431	66.02
67.00	06700	OCCUPATIONAL THERAPY	506	7,793	7,793	7,793	67.00
68.00	06800	SPEECH PATHOLOGY	431	1,701	1,701	1,701	68.00
69.00	06900	ELECTROCARDIOLOGY	6,910	12,581	12,581	12,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
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	3,750	3,750	3,750	73.00
74.00	07400	RENAL DIALYSIS	2,350	5,523	5,523	5,523	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,568	7,449	7,449	7,449	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEE T))	ELECTRICITY (SQUARE FEE T))	RNP OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	
			6.00	7.00	7.01	7.02	8.00	
90.01	09001	WELLNESS PROGRAM	0	2,173	2,173	2,173	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	8,345	90.02
91.00	09100	EMERGENCY	0	17,128	17,128	17,128	189,058	91.00
91.01	04040	FAMILY PRACTICE	1,675	655	655	655	1,105	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,230,250	496,050	496,050	496,050	1,485,757	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
193.00	19300	NONPAID WORKERS	0	5,654	5,654	5,654	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	211,787	19,790,916	6,095	0	1,700,900	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.172150	39.447395	0.012149	0.000000	1.144804	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	147,788	4,229,253	2,262	0	212,448	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.120128	8.429777	0.004509	0.000000	0.142990	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY	0				8.01
9.00	00900	HOUSEKEEPING	0	127,830			9.00
9.01	00901	RNP HOSUEKEEPING	0	0	0		9.01
10.00	01000	DIETARY	0	3,360	0	146,837	10.00
10.01	01001	RNP DIETARY	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	840	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	465	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	420	0	0	14.00
15.00	01500	PHARMACY	0	990	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	630	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
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	150	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	47,300	0	109,550	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,840	0	11,639	31.00
41.00	04100	SUBPROVIDER - IRF	0	7,560	0	25,648	41.00
43.00	04300	NURSERY	0	1,035	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,780	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	300	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	300	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,940	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,890	0	0	55.00
56.00	05600	RADIOISOTOPE	0	600	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,430	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	210	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	570	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	900	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,200	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	750	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	180	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
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	150	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,070	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	113,900	0	146,837	146,837	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,247,379	0	3,551,564	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	48.872557	0.000000	24.187119	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	415,197	0	668,153	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.248040	0.000000	4.550304	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			CAFETERIA (MEALS SERV ED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERV ED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
			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
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOSUEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA	2,150,298					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	29,695	0	866,866			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,925	0	0	25,633,948		14.00
15.00	01500	PHARMACY	55,380	0	0	0	9,532,913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,978	0	28	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	0	17.01
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	188,449	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34,609	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	561,188	0	372,480	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	174,255	0	152,603	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	95,091	0	56,399	0	0	41.00
43.00	04300	NURSERY	21,960	0	20,839	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,729	0	35,190	0	0	50.00
50.01	03330	AMBULATORY SURGERY	59,788	0	44,944	0	0	50.01
51.00	05100	RECOVERY ROOM	17,501	0	16,436	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,547	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,617	0	15,232	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	29,818	0	3,785	0	0	55.00
56.00	05600	RADIOISOTOPE	38,144	0	0	0	0	56.00
57.00	05700	CT SCAN	26,178	0	0	0	0	57.00
58.00	05800	MRI	12,848	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,807	0	14,478	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	58,431	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	83,229	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	15,689	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	42,858	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,437	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,390	0	2,342	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,276	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,761,338	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,872,610	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,532,913	73.00
74.00	07400	RENAL DIALYSIS	9,578	0	5,197	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	12,650	0	9,421	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		CAFETERIA (MEALS SERVED))	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,531	0	1,023	0	0	90.00
90.01	09001 WELLNESS PROGRAM	3,197	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	5,912	0	4,508	0	0	90.02
91.00	09100 EMERGENCY	119,931	0	78,980	0	0	91.00
91.01	04040 FAMILY PRACTICE	11,664	0	764	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	47,505	0	32,217	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,146,785	0	866,866	25,633,948	9,532,913	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER	3,513	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,130,474	0	3,959,838	1,380,519	4,819,936	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.990781	0.000000	4.567993	0.053855	0.505610	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	250,220	0	549,387	523,890	478,966	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.116365	0.000000	0.633762	0.020437	0.050243	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	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
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
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	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0		17.01
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	42,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RNP SOCIAL SERVICE (RNP TIME S PENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,211	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
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)	7,270,609	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.875986	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	471,692	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.770473	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME))		
			21.00	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
5.10	01160	COMMUNICATIONS				5.10
5.20	00550	DATA PROCESSING				5.20
5.30	00560	PURCHASING RECEIVING AND STORES				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60	00592	ADMINISTRATION & GENERAL				5.60
5.90	00593	RNP ADMINISTRATION				5.90
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	ELECTRICITY				7.01
7.02	00702	RNP OPERATION OF PLANT				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
8.01	00801	RNP LAUNDRY				8.01
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	RNP HOSUEKEEPING				9.01
10.00	01000	DIETARY				10.00
10.01	01001	RNP DIETARY				10.01
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
17.01	01701	RNP SOCIAL SERVICE				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	811	811	0	30.00
31.00	03100	INTENSIVE CARE UNIT	101	101	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	10	10	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88	88	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10	10	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	20	20	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	50	50	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50	50	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00	23.00	
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20	20	0	90.00
90.01	09001	WELLNESS PROGRAM	20	20	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	150	150	0	91.00
91.01	04040	FAMILY PRACTICE	80	80	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,420	1,420	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	194.05
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)	8,379,785	8,166,976	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,901.257042	5,751.391549	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	149,719	301,593	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	105.435915	212.389437	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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:33 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,928,754		47,928,754	0	47,928,754	30.00
31.00	03100	INTENSIVE CARE UNIT	16,062,167		16,062,167	0	16,062,167	31.00
41.00	04100	SUBPROVIDER - IRF	9,099,587		9,099,587	0	9,099,587	41.00
43.00	04300	NURSERY	1,864,039		1,864,039	0	1,864,039	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,207,313		13,207,313	0	13,207,313	50.00
50.01	03330	AMBULATORY SURGERY	5,486,808		5,486,808	0	5,486,808	50.01
51.00	05100	RECOVERY ROOM	1,602,081		1,602,081	0	1,602,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	489,761		489,761	0	489,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,535,442		12,535,442	0	12,535,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,230,729		4,230,729	0	4,230,729	55.00
56.00	05600	RADIOISOTOPE	4,182,932		4,182,932	0	4,182,932	56.00
57.00	05700	CT SCAN	1,798,374		1,798,374	0	1,798,374	57.00
58.00	05800	MRI	1,182,344		1,182,344	0	1,182,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,154,332		5,154,332	0	5,154,332	59.00
60.00	06000	LABORATORY	14,392,658		14,392,658	0	14,392,658	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,118,386		1,118,386	0	1,118,386	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,685,176	0	3,685,176	0	3,685,176	65.00
66.00	06600	PHYSICAL THERAPY	5,294,142	0	5,294,142	0	5,294,142	66.00
66.01	06601	RNRC PHYSICAL THERAPY	76,588	0	76,588	0	76,588	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,412,260	0	1,412,260	0	1,412,260	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,218,385	0	3,218,385	0	3,218,385	67.00
68.00	06800	SPEECH PATHOLOGY	1,864,851	0	1,864,851	0	1,864,851	68.00
69.00	06900	ELECTROCARDIOLOGY	3,342,891		3,342,891	0	3,342,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	519,699		519,699	0	519,699	70.00
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,403,965		18,403,965	0	18,403,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,504,707		15,504,707	0	15,504,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,138,316		17,138,316	0	17,138,316	73.00
74.00	07400	RENAL DIALYSIS	1,530,213		1,530,213	0	1,530,213	74.00
76.97	07697	CARDIAC REHABILITATION	945,498		945,498	0	945,498	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,957,812		1,957,812	0	1,957,812	90.00
90.01	09001	WELLNESS PROGRAM	405,895		405,895	0	405,895	90.01
90.02	09002	WOUND CARE CENTER	987,755		987,755	0	987,755	90.02
91.00	09100	EMERGENCY	9,092,509		9,092,509	0	9,092,509	91.00
91.01	04040	FAMILY PRACTICE	1,032,404		1,032,404	0	1,032,404	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,204,774		1,204,774	0	1,204,774	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,664,149		2,664,149	0	2,664,149	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	230,617,696	0	230,617,696	0	230,617,696	200.00
201.00		Less Observation Beds	1,204,774		1,204,774		1,204,774	201.00
202.00		Total (see instructions)	229,412,922	0	229,412,922	0	229,412,922	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/29/2019 9:33 am
					Title XVIII	Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,660,307		183,660,307		30.00
31.00	03100	INTENSIVE CARE UNIT	53,208,998		53,208,998		31.00
41.00	04100	SUBPROVIDER - IRF	27,916,168		27,916,168		41.00
43.00	04300	NURSERY	16,221,104		16,221,104		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,301,219	50,862,839	126,164,058	0.104684	50.00
50.01	03330	AMBULATORY SURGERY	6,066,111	21,810,950	27,877,061	0.196822	50.01
51.00	05100	RECOVERY ROOM	12,353,221	11,280,464	23,633,685	0.067788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,435,220	15,757,560	32,192,780	0.015213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,039,880	43,157,190	61,197,070	0.204837	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,334,468	29,560,217	30,894,685	0.136940	55.00
56.00	05600	RADIOISOTOPE	11,047,293	30,563,752	41,611,045	0.100525	56.00
57.00	05700	CT SCAN	29,980,716	42,310,167	72,290,883	0.024877	57.00
58.00	05800	MRI	4,870,488	14,737,914	19,608,402	0.060298	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,332,255	33,401,061	72,733,316	0.070866	59.00
60.00	06000	LABORATORY	91,781,416	44,962,126	136,743,542	0.105253	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,926,549	887,480	7,814,029	0.143125	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,753,880	2,001,050	34,754,930	0.106033	65.00
66.00	06600	PHYSICAL THERAPY	18,622,898	11,725,199	30,348,097	0.174447	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	4,529,661	4,529,661	0.311781	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,647,903	3,244,698	12,892,601	0.249630	67.00
68.00	06800	SPEECH PATHOLOGY	2,426,263	2,225,780	4,652,043	0.400867	68.00
69.00	06900	ELECTROCARDIOLOGY	22,735,678	22,390,525	45,126,203	0.074079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	246,564	1,286,354	1,532,918	0.339026	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,148,410	23,614,979	70,763,389	0.260077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,248,299	20,480,373	78,728,672	0.196939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,397,548	34,188,672	147,586,220	0.116124	73.00
74.00	07400	RENAL DIALYSIS	6,956,009	1,784,538	8,740,547	0.175071	74.00
76.97	07697	CARDIAC REHABILITATION	629,740	3,141,316	3,771,056	0.250725	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,972	1,105,577	1,107,549	1.767698	90.00
90.01	09001	WELLNESS PROGRAM	0	41,511	41,511	9.778011	90.01
90.02	09002	WOUND CARE CENTER	34,246	7,715,080	7,749,326	0.127463	90.02
91.00	09100	EMERGENCY	29,745,046	62,563,517	92,308,563	0.098501	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,312,379	5,085,916	7,398,295	0.162845	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,382,215	10,108,857	15,491,072	0.171980	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	944,764,463	556,525,323	1,501,289,786		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	944,764,463	556,525,323	1,501,289,786		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.104684			50.00
50.01	03330	AMBULATORY SURGERY	0.196822			50.01
51.00	05100	RECOVERY ROOM	0.067788			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.015213			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204837			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136940			55.00
56.00	05600	RADIOISOTOPE	0.100525			56.00
57.00	05700	CT SCAN	0.024877			57.00
58.00	05800	MRI	0.060298			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070866			59.00
60.00	06000	LABORATORY	0.105253			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.143125			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.106033			65.00
66.00	06600	PHYSICAL THERAPY	0.174447			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.311781			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249630			67.00
68.00	06800	SPEECH PATHOLOGY	0.400867			68.00
69.00	06900	ELECTROCARDIOLOGY	0.074079			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.339026			70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260077			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196939			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116124			73.00
74.00	07400	RENAL DIALYSIS	0.175071			74.00
76.97	07697	CARDIAC REHABILITATION	0.250725			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.767698			90.00
90.01	09001	WELLNESS PROGRAM	9.778011			90.01
90.02	09002	WOUND CARE CENTER	0.127463			90.02
91.00	09100	EMERGENCY	0.098501			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.162845			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.171980			92.01
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: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/29/2019 9:33 am			
				Title XIX	Hospital	Cost			
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
						1.00	2.00	3.00	4.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	47,928,754			47,928,754	0	47,928,754	30.00
31.00	03100	INTENSIVE CARE UNIT	16,062,167			16,062,167	0	16,062,167	31.00
41.00	04100	SUBPROVIDER - IRF	9,099,587			9,099,587	0	9,099,587	41.00
43.00	04300	NURSERY	1,864,039			1,864,039	0	1,864,039	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	13,207,313			13,207,313	0	13,207,313	50.00
50.01	03330	AMBULATORY SURGERY	5,486,808			5,486,808	0	5,486,808	50.01
51.00	05100	RECOVERY ROOM	1,602,081			1,602,081	0	1,602,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	489,761			489,761	0	489,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,535,442			12,535,442	0	12,535,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,230,729			4,230,729	0	4,230,729	55.00
56.00	05600	RADIOISOTOPE	4,182,932			4,182,932	0	4,182,932	56.00
57.00	05700	CT SCAN	1,798,374			1,798,374	0	1,798,374	57.00
58.00	05800	MRI	1,182,344			1,182,344	0	1,182,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,154,332			5,154,332	0	5,154,332	59.00
60.00	06000	LABORATORY	14,392,658			14,392,658	0	14,392,658	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,118,386			1,118,386	0	1,118,386	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,685,176	0		3,685,176	0	3,685,176	65.00
66.00	06600	PHYSICAL THERAPY	5,294,142	0		5,294,142	0	5,294,142	66.00
66.01	06601	RNRC PHYSICAL THERAPY	76,588	0		76,588	0	76,588	66.01
66.02	06602	DAY REHABILITATION FACILITY	1,412,260	0		1,412,260	0	1,412,260	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,218,385	0		3,218,385	0	3,218,385	67.00
68.00	06800	SPEECH PATHOLOGY	1,864,851	0		1,864,851	0	1,864,851	68.00
69.00	06900	ELECTROCARDIOLOGY	3,342,891			3,342,891	0	3,342,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	519,699			519,699	0	519,699	70.00
70.01	07001	ELECTROPHYSIOLOGY	0			0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,403,965			18,403,965	0	18,403,965	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,504,707			15,504,707	0	15,504,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,138,316			17,138,316	0	17,138,316	73.00
74.00	07400	RENAL DIALYSIS	1,530,213			1,530,213	0	1,530,213	74.00
76.97	07697	CARDIAC REHABILITATION	945,498			945,498	0	945,498	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			0	0	0	76.98
76.99	07699	LITHOTRIPSY	0			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,957,812			1,957,812	0	1,957,812	90.00
90.01	09001	WELLNESS PROGRAM	405,895			405,895	0	405,895	90.01
90.02	09002	WOUND CARE CENTER	987,755			987,755	0	987,755	90.02
91.00	09100	EMERGENCY	9,092,509			9,092,509	0	9,092,509	91.00
91.01	04040	FAMILY PRACTICE	1,032,404			1,032,404	0	1,032,404	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,204,774			1,204,774	0	1,204,774	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,664,149			2,664,149	0	2,664,149	92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	230,617,696	0		230,617,696	0	230,617,696	200.00
201.00		Less Observation Beds	1,204,774			1,204,774		1,204,774	201.00
202.00		Total (see instructions)	229,412,922	0		229,412,922	0	229,412,922	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/29/2019 9:33 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	183,660,307		183,660,307			30.00
31.00	03100	INTENSIVE CARE UNIT	53,208,998		53,208,998			31.00
41.00	04100	SUBPROVIDER - IRF	27,916,168		27,916,168			41.00
43.00	04300	NURSERY	16,221,104		16,221,104			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,301,219	50,862,839	126,164,058	0.104684	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	6,066,111	21,810,950	27,877,061	0.196822	0.000000	50.01
51.00	05100	RECOVERY ROOM	12,353,221	11,280,464	23,633,685	0.067788	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,435,220	15,757,560	32,192,780	0.015213	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,039,880	43,157,190	61,197,070	0.204837	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,334,468	29,560,217	30,894,685	0.136940	0.000000	55.00
56.00	05600	RADIOISOTOPE	11,047,293	30,563,752	41,611,045	0.100525	0.000000	56.00
57.00	05700	CT SCAN	29,980,716	42,310,167	72,290,883	0.024877	0.000000	57.00
58.00	05800	MRI	4,870,488	14,737,914	19,608,402	0.060298	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,332,255	33,401,061	72,733,316	0.070866	0.000000	59.00
60.00	06000	LABORATORY	91,781,416	44,962,126	136,743,542	0.105253	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,926,549	887,480	7,814,029	0.143125	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	32,753,880	2,001,050	34,754,930	0.106033	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,622,898	11,725,199	30,348,097	0.174447	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	4,529,661	4,529,661	0.311781	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	9,647,903	3,244,698	12,892,601	0.249630	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,426,263	2,225,780	4,652,043	0.400867	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,735,678	22,390,525	45,126,203	0.074079	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	246,564	1,286,354	1,532,918	0.339026	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,148,410	23,614,979	70,763,389	0.260077	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,248,299	20,480,373	78,728,672	0.196939	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,397,548	34,188,672	147,586,220	0.116124	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,956,009	1,784,538	8,740,547	0.175071	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	629,740	3,141,316	3,771,056	0.250725	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,972	1,105,577	1,107,549	1.767698	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	41,511	41,511	9.778011	0.000000	90.01
90.02	09002	WOUND CARE CENTER	34,246	7,715,080	7,749,326	0.127463	0.000000	90.02
91.00	09100	EMERGENCY	29,745,046	62,563,517	92,308,563	0.098501	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,312,379	5,085,916	7,398,295	0.162845	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,382,215	10,108,857	15,491,072	0.171980	0.000000	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	944,764,463	556,525,323	1,501,289,786			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	944,764,463	556,525,323	1,501,289,786			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	AMBULATORY SURGERY	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000			66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000			70.01
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						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WELLNESS PROGRAM	0.000000			90.01
90.02	09002	WOUND CARE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04040	FAMILY PRACTICE	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/29/2019 9:33 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	6,177,576	0	6,177,576	44,437	139.02	30.00	
31.00	INTENSIVE CARE UNIT	1,294,637		1,294,637	9,311	139.04	31.00	
41.00	SUBPROVIDER - IRF	1,601,036	0	1,601,036	10,259	156.06	41.00	
43.00	NURSERY	57,478		57,478	1,630	35.26	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	9,130,727		9,130,727	65,637		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	22,346	3,106,541					30.00
31.00	INTENSIVE CARE UNIT	2,748	382,082					31.00
41.00	SUBPROVIDER - IRF	7,322	1,142,671					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	32,416	4,631,294					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,277,116	126,164,058	0.010123	29,893,998	302,617	50.00
50.01	03330	AMBULATORY SURGERY	563,858	27,877,061	0.020227	2,971,464	60,104	50.01
51.00	05100	RECOVERY ROOM	100,978	23,633,685	0.004273	5,537,269	23,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	86,110	32,192,780	0.002675	6,516,723	17,432	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,097,058	61,197,070	0.034267	9,446,034	323,687	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	598,799	30,894,685	0.019382	657,269	12,739	55.00
56.00	05600	RADIOISOTOPE	303,706	41,611,045	0.007299	5,074,969	37,042	56.00
57.00	05700	CT SCAN	278,347	72,290,883	0.003850	13,369,429	51,472	57.00
58.00	05800	MRI	182,595	19,608,402	0.009312	2,052,826	19,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	409,356	72,733,316	0.005628	16,002,525	90,062	59.00
60.00	06000	LABORATORY	710,333	136,743,542	0.005195	41,066,650	213,341	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	36,047	7,814,029	0.004613	2,861,114	13,198	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	232,061	34,754,930	0.006677	15,892,602	106,115	65.00
66.00	06600	PHYSICAL THERAPY	358,716	30,348,097	0.011820	4,801,399	56,753	66.00
66.01	06601	RNRC PHYSICAL THERAPY	4,969	0	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	200,334	4,529,661	0.044227	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	306,557	12,892,601	0.023778	1,734,324	41,239	67.00
68.00	06800	SPEECH PATHOLOGY	86,564	4,652,043	0.018608	625,345	11,636	68.00
69.00	06900	ELECTROCARDIOLOGY	519,915	45,126,203	0.011521	11,889,390	136,978	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,806	1,532,918	0.048800	140,173	6,840	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	545,716	70,763,389	0.007712	20,384,562	157,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	446,634	78,728,672	0.005673	26,781,136	151,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	773,806	147,586,220	0.005243	49,116,959	257,520	73.00
74.00	07400	RENAL DIALYSIS	205,063	8,740,547	0.023461	3,873,821	90,884	74.00
76.97	07697	CARDIAC REHABILITATION	23,899	3,771,056	0.006337	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	311,647	1,107,549	0.281384	1,954	550	90.00
90.01	09001	WELLNESS PROGRAM	78,952	41,511	1.901954	0	0	90.01
90.02	09002	WOUND CARE CENTER	21,144	7,749,326	0.002728	34,246	93	90.02
91.00	09100	EMERGENCY	813,567	92,308,563	0.008814	14,872,515	131,086	91.00
91.01	04040	FAMILY PRACTICE	62,250	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	155,285	7,398,295	0.020989	1,209,844	25,393	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	64,849	15,491,072	0.004186	1,854,605	7,763	92.01
200.00		Total (lines 50 through 199)	11,931,037	1,220,283,209		288,663,145	2,346,456	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/29/2019 9:33 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		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
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	44,437	0.00	22,346		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	9,311	0.00	2,748		31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	10,259	0.00	7,322		41.00		
43.00	04300	NURSERY	0	0	1,630	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
200.00		Total (lines 30 through 199)	0	0	65,637		32,416		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
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0117 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 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	126,164,058	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	27,877,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,633,685	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,192,780	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,197,070	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,894,685	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	41,611,045	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	72,290,883	0.000000	57.00
58.00	05800	MRI	0	0	0	19,608,402	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,733,316	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	136,743,542	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,814,029	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,754,930	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,348,097	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	4,529,661	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,892,601	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,652,043	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,126,203	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,532,918	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,763,389	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,728,672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	147,586,220	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,740,547	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,771,056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	1,107,549	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	41,511	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,749,326	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	92,308,563	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,398,295	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	15,491,072	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,220,283,209		200.00

Health Financial Systems			PRESENCE RESURRECTION MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117			Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 am
			Title XVIII			Hospital		PPS
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	29,893,998	0	10,810,759	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000	2,971,464	0	6,413,330	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	5,537,269	0	3,053,677	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	6,516,723	0	3,900,886	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,446,034	0	11,596,389	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	657,269	0	8,685,126	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	5,074,969	0	7,754,450	0	56.00
57.00	05700	CT SCAN	0.000000	13,369,429	0	13,369,888	0	57.00
58.00	05800	MRI	0.000000	2,052,826	0	3,940,692	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,002,525	0	14,276,136	0	59.00
60.00	06000	LABORATORY	0.000000	41,066,650	0	9,481,471	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	2,861,114	0	122,560	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	15,892,602	0	464,195	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,801,399	0	184,111	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000	0	0	115,029	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,734,324	0	56,566	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	625,345	0	110,987	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,889,390	0	8,259,725	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	140,173	0	372,898	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,384,562	0	5,809,398	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	26,781,136	0	8,496,415	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	49,116,959	0	10,067,248	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,873,821	0	275,582	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	1,954	0	421,057	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000	0	0	110	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	34,246	0	3,380,161	0	90.02
91.00	09100	EMERGENCY	0.000000	14,872,515	0	11,809,275	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,209,844	0	5,085,916	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	1,854,605	0	10,548	0	92.01
200.00		Total (lines 50 through 199)		288,663,145	0	148,324,585	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/29/2019 9:33 am

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
					Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.104684	10,810,759	0	0	1,131,713	50.00
50.01	03330	AMBULATORY SURGERY	0.196822	6,413,330	0	0	1,262,284	50.01
51.00	05100	RECOVERY ROOM	0.067788	3,053,677	0	0	207,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015213	3,900,886	0	0	59,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204837	11,596,389	0	0	2,375,370	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136940	8,685,126	0	0	1,189,341	55.00
56.00	05600	RADIOISOTOPE	0.100525	7,754,450	0	0	779,516	56.00
57.00	05700	CT SCAN	0.024877	13,369,888	0	0	332,603	57.00
58.00	05800	MRI	0.060298	3,940,692	0	0	237,616	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070866	14,276,136	0	0	1,011,693	59.00
60.00	06000	LABORATORY	0.105253	9,481,471	0	0	997,953	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.143125	122,560	0	0	17,541	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.106033	464,195	0	0	49,220	65.00
66.00	06600	PHYSICAL THERAPY	0.174447	184,111	0	0	32,118	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.311781	115,029	0	0	35,864	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249630	56,566	0	0	14,121	67.00
68.00	06800	SPEECH PATHOLOGY	0.400867	110,987	0	0	44,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074079	8,259,725	0	0	611,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.339026	372,898	0	0	126,422	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260077	5,809,398	0	0	1,510,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196939	8,496,415	0	0	1,673,275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116124	10,067,248	2,190	101,541	1,169,049	73.00
74.00	07400	RENAL DIALYSIS	0.175071	275,582	0	0	48,246	74.00
76.97	07697	CARDIAC REHABILITATION	0.250725	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1.767698	421,057	0	0	744,302	90.00
90.01	09001	WELLNESS PROGRAM	9.778011	110	0	0	1,076	90.01
90.02	09002	WOUND CARE CENTER	0.127463	3,380,161	0	0	430,845	90.02
91.00	09100	EMERGENCY	0.098501	11,809,275	0	0	1,163,225	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.162845	5,085,916	0	0	828,216	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.171980	10,548	0	0	1,814	92.01
200.00		Subtotal (see instructions)		148,324,585	2,190	101,541	18,087,024	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		148,324,585	2,190	101,541	18,087,024	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/29/2019 9:33 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	AMBULATORY SURGERY	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0					66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0					70.01
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	254	11,791					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								
90.00	09000	CLINIC	0	0					90.00
90.01	09001	WELLNESS PROGRAM	0	0					90.01
90.02	09002	WOUND CARE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
91.01	04040	FAMILY PRACTICE	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0					92.01
200.00		Subtotal (see instructions)	254	11,791					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	254	11,791					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/29/2019 9:33 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	1,277,116	126,164,058	0.010123	0	0	50.00
50.01	03330 AMBULATORY SURGERY	563,858	27,877,061	0.020227	8,674	175	50.01
51.00	05100 RECOVERY ROOM	100,978	23,633,685	0.004273	1,115	5	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	86,110	32,192,780	0.002675	566	2	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,097,058	61,197,070	0.034267	360,278	12,346	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	598,799	30,894,685	0.019382	129,952	2,519	55.00
56.00	05600 RADIOISOTOPE	303,706	41,611,045	0.007299	224,026	1,635	56.00
57.00	05700 CT SCAN	278,347	72,290,883	0.003850	372,837	1,435	57.00
58.00	05800 MRI	182,595	19,608,402	0.009312	21,515	200	58.00
59.00	05900 CARDIAC CATHETERIZATION	409,356	72,733,316	0.005628	0	0	59.00
60.00	06000 LABORATORY	710,333	136,743,542	0.005195	3,869,572	20,102	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	36,047	7,814,029	0.004613	61,839	285	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	232,061	34,754,930	0.006677	1,792,855	11,971	65.00
66.00	06600 PHYSICAL THERAPY	358,716	30,348,097	0.011820	6,979,647	82,499	66.00
66.01	06601 RNRC PHYSICAL THERAPY	4,969	0	0.000000	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	200,334	4,529,661	0.044227	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	306,557	12,892,601	0.023778	4,583,536	108,987	67.00
68.00	06800 SPEECH PATHOLOGY	86,564	4,652,043	0.018608	740,466	13,779	68.00
69.00	06900 ELECTROCARDIOLOGY	519,915	45,126,203	0.011521	97,966	1,129	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	74,806	1,532,918	0.048800	7,830	382	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	545,716	70,763,389	0.007712	677,243	5,223	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	446,634	78,728,672	0.005673	23,792	135	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	773,806	147,586,220	0.005243	4,087,354	21,430	73.00
74.00	07400 RENAL DIALYSIS	205,063	8,740,547	0.023461	470,937	11,049	74.00
76.97	07697 CARDIAC REHABILITATION	23,899	3,771,056	0.006337	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	311,647	1,107,549	0.281384	0	0	90.00
90.01	09001 WELLNESS PROGRAM	78,952	41,511	1.901954	0	0	90.01
90.02	09002 WOUND CARE CENTER	21,144	7,749,326	0.002728	0	0	90.02
91.00	09100 EMERGENCY	813,567	92,308,563	0.008814	2,900	26	91.00
91.01	04040 FAMILY PRACTICE	62,250	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,398,295	0.000000	59,625	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	64,849	15,491,072	0.004186	0	0	92.01
200.00	Total (lines 50 through 199)	11,775,752	1,220,283,209		24,574,525	295,314	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 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	50.00
50.01	03330	AMBULATORY SURGERY		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
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY		0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY		0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY		0	0	0	0	0	70.01
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									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM		0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 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	126,164,058	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	27,877,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,633,685	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,192,780	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,197,070	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,894,685	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	41,611,045	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	72,290,883	0.000000	57.00
58.00	05800	MRI	0	0	0	19,608,402	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,733,316	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	136,743,542	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,814,029	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,754,930	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,348,097	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	4,529,661	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,892,601	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,652,043	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,126,203	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,532,918	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,763,389	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,728,672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	147,586,220	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,740,547	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,771,056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,107,549	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	41,511	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,749,326	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	92,308,563	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,398,295	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	15,491,072	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,220,283,209		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 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	0	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000	8,674	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	1,115	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	566	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	360,278	0	8,083	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	129,952	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	224,026	0	3,366	0	0	56.00
57.00	05700	CT SCAN	0.000000	372,837	0	6,911	0	0	57.00
58.00	05800	MRI	0.000000	21,515	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	3,869,572	0	827	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	61,839	0	577	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	1,792,855	0	79	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,979,647	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,583,536	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	740,466	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	97,966	0	1,890	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	7,830	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	677,243	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,792	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,087,354	0	9,116	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	470,937	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	2,900	0	144	0	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	59,625	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		24,574,525	0	30,993	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0117

Period:

Worksheet D

Component CCN: 14-T117

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/29/2019 9:33 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	0.104684	0	0	0	0 50.00
50.01	03330 AMBULATORY SURGERY	0.196822	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.067788	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.015213	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204837	8,083	0	0	1,656 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.136940	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.100525	3,366	0	0	338 56.00
57.00	05700 CT SCAN	0.024877	6,911	0	0	172 57.00
58.00	05800 MRI	0.060298	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070866	0	0	0	0 59.00
60.00	06000 LABORATORY	0.105253	827	0	0	87 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.143125	577	0	0	83 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.106033	79	0	0	8 65.00
66.00	06600 PHYSICAL THERAPY	0.174447	0	0	0	0 66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0 66.01
66.02	06602 DAY REHABILITATION FACILITY	0.311781	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.249630	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.400867	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.074079	1,890	0	0	140 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.339026	0	0	0	0 70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.260077	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.196939	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116124	9,116	0	875	1,059 73.00
74.00	07400 RENAL DIALYSIS	0.175071	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.250725	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.767698	0	0	0	0 90.00
90.01	09001 WELLNESS PROGRAM	9.778011	0	0	0	0 90.01
90.02	09002 WOUND CARE CENTER	0.127463	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.098501	144	0	0	14 91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.162845	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.171980	0	0	0	0 92.01
200.00	Subtotal (see instructions)		30,993	0	875	3,557 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		30,993	0	875	3,557 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/29/2019 9:33 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	AMBULATORY SURGERY	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
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	102	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				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	102	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	102	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0117		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/29/2019 9:33 am		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
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		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
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	44,437	0.00	975		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	9,311	0.00	238		31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	10,259	0.00	81		41.00		
43.00	04300	NURSERY	0	0	1,630	0.00	335		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00		
200.00		Total (lines 30 through 199)	0	0	65,637		1,629		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
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:33 am
---	-----------------------	---	---

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/29/2019 9:33 am

				Title XIX		Hospital	Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	126,164,058	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	27,877,061	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,633,685	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,192,780	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	61,197,070	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,894,685	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	41,611,045	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	72,290,883	0.000000	57.00
58.00	05800	MRI	0	0	0	19,608,402	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	72,733,316	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	136,743,542	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	7,814,029	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,754,930	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,348,097	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	0	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	4,529,661	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,892,601	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,652,043	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,126,203	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,532,918	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	70,763,389	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,728,672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	147,586,220	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,740,547	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,771,056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,107,549	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	41,511	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	7,749,326	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	92,308,563	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,398,295	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	15,491,072	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,220,283,209		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	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							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 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)		44,437	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,437	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)		43,320	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)		22,346	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)		47,928,754	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)		47,928,754	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)		47,928,754	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)		1,078.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,101,949	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)		24,101,949	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/29/2019 9:33 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,062,167	9,311	1,725.07	2,748	4,740,492
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Title XVIII		Hospital		PPS	
		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	6,177,576	47,928,754	0.128891	1,204,774	155,285	90.00
91.00	Nursing School cost	0	47,928,754	0.000000	1,204,774	0	91.00
92.00	Allied health cost	0	47,928,754	0.000000	1,204,774	0	92.00
93.00	All other Medical Education	0	47,928,754	0.000000	1,204,774	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 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)		10,259	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,259	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)		10,259	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)		7,322	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)		9,099,587	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)		9,099,587	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)		9,099,587	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)		886.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,494,541	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)		6,494,541	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 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	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,149,125
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,643,666
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,142,671
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					295,314
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,437,985
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,205,681
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

Period:

Worksheet D-1

Component CCN: 14-T117

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/29/2019 9:33 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	1,601,036	9,099,587	0.175946	0	0	90.00
91.00	Nursing School cost	0	9,099,587	0.000000	0	0	91.00
92.00	Allied health cost	0	9,099,587	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,099,587	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 am
Cost Center Description		Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			44,437 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			44,437 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)			43,320 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)			975 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,630 15.00
16.00	Nursery days (title V or XIX only)			335 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)			47,928,754 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)			47,928,754 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)			47,928,754 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)			1,078.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,051,616 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,051,616 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	
Cost Center Description			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		1,864,039	1,630	1,143.58	335	383,099	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		16,062,167	9,311	1,725.07	238	410,567	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,845,282	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,117	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,078.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,204,774	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0117

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

Worksheet D-1

Date/Time Prepared:
11/29/2019 9:33 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,177,576	47,928,754	0.128891	1,204,774	155,285	90.00
91.00	Nursing School cost	0	47,928,754	0.000000	1,204,774	0	91.00
92.00	Allied health cost	0	47,928,754	0.000000	1,204,774	0	92.00
93.00	All other Medical Education	0	47,928,754	0.000000	1,204,774	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 am
		Title XIX	Subprovider - IRF	Cost
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)			10,259 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,259 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)			10,259 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)			81 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,630 15.00
16.00	Nursery days (title V or XIX only)			335 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)			9,099,587 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)			9,099,587 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)			9,099,587 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)			886.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			71,846 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)			71,846 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:33 am	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,846	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					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: 14-0117

Period:

Worksheet D-1

Component CCN: 14-T117

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/29/2019 9:33 am

Title XIX

Subprovider -
IRF

Cost

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,601,036	9,099,587	0.175946	0	0	90.00
91.00	Nursing School cost	0	9,099,587	0.000000	0	0	91.00
92.00	Allied health cost	0	9,099,587	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,099,587	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/29/2019 9:33 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		88,077,863		30.00
31.00	03100	INTENSIVE CARE UNIT		25,776,365		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	0.104684	29,893,998	3,129,423	50.00
50.01	03330	AMBULATORY SURGERY	0.196822	2,971,464	584,849	50.01
51.00	05100	RECOVERY ROOM	0.067788	5,537,269	375,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015213	6,516,723	99,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204837	9,446,034	1,934,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.136940	657,269	90,006	55.00
56.00	05600	RADIOISOTOPE	0.100525	5,074,969	510,161	56.00
57.00	05700	CT SCAN	0.024877	13,369,429	332,591	57.00
58.00	05800	MRI	0.060298	2,052,826	123,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070866	16,002,525	1,134,035	59.00
60.00	06000	LABORATORY	0.105253	41,066,650	4,322,388	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.143125	2,861,114	409,497	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.106033	15,892,602	1,685,140	65.00
66.00	06600	PHYSICAL THERAPY	0.174447	4,801,399	837,590	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.311781	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.249630	1,734,324	432,939	67.00
68.00	06800	SPEECH PATHOLOGY	0.400867	625,345	250,680	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074079	11,889,390	880,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.339026	140,173	47,522	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260077	20,384,562	5,301,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.196939	26,781,136	5,274,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116124	49,116,959	5,703,658	73.00
74.00	07400	RENAL DIALYSIS	0.175071	3,873,821	678,194	74.00
76.97	07697	CARDIAC REHABILITATION	0.250725	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.767698	1,954	3,454	90.00
90.01	09001	WELLNESS PROGRAM	9.778011	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.127463	34,246	4,365	90.02
91.00	09100	EMERGENCY	0.098501	14,872,515	1,464,958	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.162845	1,209,844	197,017	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.171980	1,854,605	318,955	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		288,663,145	36,127,159	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)		288,663,145		202.00

Health Financial Systems		PRESENCE RESURRECTION MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 07/01/2018	Worksheet D-3	
		Component CCN: 14-T117	To 06/30/2019	Date/Time Prepared: 11/29/2019 9:33 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		19,955,054		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.104684	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.196822	8,674	1,707	50.01
51.00	05100 RECOVERY ROOM	0.067788	1,115	76	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015213	566	9	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204837	360,278	73,798	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.136940	129,952	17,796	55.00
56.00	05600 RADIOISOTOPE	0.100525	224,026	22,520	56.00
57.00	05700 CT SCAN	0.024877	372,837	9,275	57.00
58.00	05800 MRI	0.060298	21,515	1,297	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070866	0	0	59.00
60.00	06000 LABORATORY	0.105253	3,869,572	407,284	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.143125	61,839	8,851	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.106033	1,792,855	190,102	65.00
66.00	06600 PHYSICAL THERAPY	0.174447	6,979,647	1,217,578	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.311781	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.249630	4,583,536	1,144,188	67.00
68.00	06800 SPEECH PATHOLOGY	0.400867	740,466	296,828	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074079	97,966	7,257	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.339026	7,830	2,655	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.260077	677,243	176,135	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.196939	23,792	4,686	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116124	4,087,354	474,640	73.00
74.00	07400 RENAL DIALYSIS	0.175071	470,937	82,447	74.00
76.97	07697 CARDIAC REHABILITATION	0.250725	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.767698	0	0	90.00
90.01	09001 WELLNESS PROGRAM	9.778011	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.127463	0	0	90.02
91.00	09100 EMERGENCY	0.098501	2,900	286	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.162845	59,625	9,710	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.171980	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		24,574,525	4,149,125	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)		24,574,525		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/29/2019 9:33 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)		12,837,567	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		40,425,591	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)		625,038	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		18,115,249	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		217.87	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)	or	54.30	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)		18.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		4.00	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)		76.30	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		75.53	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)		75.53	12.00
13.00	Total allowable FTE count for the prior year.		73.78	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.		74.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		74.50	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		74.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.341947	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.341875	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.341875	21.00
22.00	IME payment adjustment (see instructions)		9,094,578	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,093,143	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.77	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)		9,094,578	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,093,143	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.73	31.00
32.00	Sum of lines 30 and 31		17.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.40	33.00
34.00	Disproportionate share adjustment (see instructions)		585,895	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/29/2019 9:33 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,614,263	1,788,206	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	406,883	1,337,480	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,744,363		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)	65,313,032		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)		68,406,175	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,194,782	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,842,483	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)		77,443,440	59.00
60.00	Primary payer payments		6,790	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		77,436,650	61.00
62.00	Deductibles billed to program beneficiaries		4,701,244	62.00
63.00	Coinsurance billed to program beneficiaries		249,321	63.00
64.00	Allowable bad debts (see instructions)		887,758	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		577,043	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		626,941	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,063,128	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)		0	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)		-67,993	70.93
70.94	HRR adjustment amount (see instructions)		-507,202	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/29/2019 9:33 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)			72,487,933	71.00
71.01	Sequestration adjustment (see instructions)			1,449,759	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			70,668,166	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)			370,008	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			795,127	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2019 9:33 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	12,837,567	0	12,837,567		12,837,567
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	40,425,591	0		40,425,591	40,425,591
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	625,038	0	105,598	519,440	625,038
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	18,115,249	0	4,315,100	13,800,149	18,115,249
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.341875	0.341875	0.341875	0.341875	
6.00	IME payment adjustment (see instructions)	22.00	9,094,578	0	2,191,989	6,902,589	9,094,578
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,093,143	0	0	3,093,143	3,093,143
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	9,094,578	0	2,191,989	6,902,589	9,094,578
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,093,143	0	0	3,093,143	3,093,143
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0440	0.0440	0.0440	0.0440	
11.00	Disproportionate share adjustment (see instructions)	34.00	585,895	0	141,213	444,682	585,895
11.01	Uncompensated care payments	36.00	1,744,363	0	1,413,986	476,508	1,890,494
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	65,313,032	0	16,690,353	48,622,679	65,313,032
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	68,406,175	0	16,690,353	51,715,822	68,406,175
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,194,782	0	1,251,437	3,943,345	5,194,782
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition 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	17,941,790	55,659,167	73,600,957

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2019 9:33 am

				Title XVIII		Hospital	PPS	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,334,360	0	1,045,556	3,288,804	4,334,360	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	26,058	0	4,611	21,447	26,058	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1555	0.1555	0.1555	0.1555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	673,993	0	162,584	511,409	673,993	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0370	0.0370	0.0370	0.0370		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	160,371	0	38,686	121,685	160,371	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,194,782	0	1,251,437	3,943,345	5,194,782	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5				Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2019 9:33 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				
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,837,567	12,837,567		12,837,567
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	40,425,591		40,425,591	40,425,591
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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
2.00	Outlier payments for discharges (see instructions)	2.00	625,038	105,598	519,440	625,038
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	18,115,249	4,315,100	13,800,149	18,115,249
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.341875	0.341875	0.341875	
6.00	IME payment adjustment (see instructions)	22.00	9,094,578	2,191,989	6,902,589	9,094,578
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,093,143	736,795	2,356,348	3,093,143
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	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	9,094,578	2,191,989	6,902,589	9,094,578
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,093,143	736,795	2,356,348	3,093,143
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0440	0.0440	0.0440	
11.00	Disproportionate share adjustment (see instructions)	34.00	585,895	141,213	444,682	585,895
11.01	Uncompensated care payments	36.00	1,744,363	406,883	1,337,480	1,744,363
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	65,313,032	15,683,250	49,629,782	65,313,032
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	68,406,175	16,420,045	51,986,130	68,406,175
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,194,782	1,251,437	3,943,345	5,194,782
17.00	Special add-on payments for new technologies	54.00	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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			17,671,482	55,929,475	73,600,957

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2019 9:33 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	4,334,360	1,045,556	3,288,804	4,334,360	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	26,058	4,611	21,447	26,058	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	0.1555	0.1555	0.1555		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	673,993	162,584	511,409	673,993	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0370	0.0370	0.0370		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	160,371	38,686	121,685	160,371	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,194,782	1,251,437	3,943,345	5,194,782	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	-67,993	5,595	-73,588	-67,993	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	-507,202	-70,607	-436,595	-507,202	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: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/29/2019 9:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,045	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,087,024	2.00
3.00	OPPS payments		19,394,972	3.00
4.00	Outlier payment (see instructions)		107,493	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)		12,045	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		103,731	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)		103,731	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		103,731	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,686	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)		12,045	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)		19,502,465	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,705,030	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)		15,809,480	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		919,920	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		16,729,400	30.00
31.00	Primary payer payments		1,973	31.00
32.00	Subtotal (line 30 minus line 31)		16,727,427	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		65	33.00
34.00	Allowable bad debts (see instructions)		621,085	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		403,705	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		485,523	36.00
37.00	Subtotal (see instructions)		17,131,197	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)		17,131,197	40.00
40.01	Sequestration adjustment (see instructions)		342,624	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		16,498,509	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		290,064	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: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/29/2019 9:33 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		102	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,557	2.00
3.00	OPPS payments		2,191	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)		102	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		875	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)		875	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)		875	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		773	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)		102	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)		2,191	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)		423	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)		1,870	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)		1,870	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,870	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)		1,870	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)		1,870	40.00
40.01	Sequestration adjustment (see instructions)		37	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,896	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-63	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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/29/2019 9:33 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		66,336,431		15,495,832	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		4,229,241		1,054,624	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	02/06/2019	102,494		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	02/06/2019	51,947	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)		102,494		-51,947	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)		70,668,166		16,498,509	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		370,008		290,064	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		71,038,174		16,788,573	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: 14-0117

Period:

Worksheet E-1

Component CCN: 14-T117

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/29/2019 9:33 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		11,749,824		1,896	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/03/2017	10,540		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)		10,540		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)		11,760,364		1,896	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		28,670		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		63	6.02
7.00	Total Medicare program liability (see instructions)		11,789,034		1,833	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/29/2019 9:33 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: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/29/2019 9:33 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			11,830,281 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0221 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			266,181 3.00
4.00	Outlier Payments			47,102 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)			28.106849 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)			12,143,564 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)			12,143,564 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			12,143,564 19.00
20.00	Deductibles			74,300 20.00
21.00	Subtotal (line 19 minus line 20)			12,069,264 21.00
22.00	Coinsurance			43,121 22.00
23.00	Subtotal (line 21 minus line 22)			12,026,143 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,360 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,484 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,360 26.00
27.00	Subtotal (sum of lines 23 and 25)			12,029,627 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)			12,029,627 32.00
32.01	Sequestration adjustment (see instructions)			240,593 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			11,760,364 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)			28,670 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			47,102 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2019 9:33 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	1,845,282			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,845,282	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,845,282	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0			13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0			14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,845,282	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments		0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	1,845,282		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinsurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2019 9:33 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	71,846		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	71,846	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	71,846	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	71,846	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	71,846	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/29/2019 9:33 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.			48.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.00	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)			0.05	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))			9.00	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)			75.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			75.53	6.00
7.00	Enter the lesser of line 5 or line 6			75.36	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.	25.81	46.78	72.59	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.	25.75	46.67	72.42	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	25.75	46.67		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.11	47.67		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	27.67	46.58		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	26.51	46.97		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	26.51	46.97		17.00
18.00	Per resident amount	101,123.88	101,123.88		18.00
19.00	Approved amount for resident costs	2,680,794	4,749,789	7,430,583	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.17	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)			7,430,583	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,416	9,534		26.00
27.00	Total Inpatient Days (see instructions)	63,351	63,351		27.00
28.00	Ratio of inpatient days to total inpatient days	0.511689	0.150495		28.00
29.00	Program direct GME amount	3,802,148	1,118,266		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		158,011		30.00
31.00	Net Program direct GME amount			4,762,403	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/29/2019 9:33 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)			8,740,547	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)			75,613,266	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)			6,790	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			75,606,476	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			18,102,728	42.00
43.00	Primary payer payments (see instructions)			1,973	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			18,100,755	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			93,707,231	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.806837	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.193163	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			4,762,403	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,842,483	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			919,920	50.00

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

Provider CCN: 14-0117

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

Worksheet G

Date/Time Prepared:
11/29/2019 9:33 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	32,854	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	139,974,394	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-102,783,377	0	0	0	6.00
7.00	Inventory	6,765,364	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	72,447	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	44,061,682	0	0	0	11.00
FIXED ASSETS						
12.00	Land	45,590,000	0	0	0	12.00
13.00	Land improvements	2,279,000	0	0	0	13.00
14.00	Accumulated depreciation	-600,781	0	0	0	14.00
15.00	Buildings	85,841,979	0	0	0	15.00
16.00	Accumulated depreciation	-4,334,756	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	31,618,264	0	0	0	23.00
24.00	Accumulated depreciation	-8,308,482	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	152,085,224	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-6,875	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-6,875	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	196,140,031	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,951,936	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	641,940	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	24,943,656	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,537,532	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,537,532	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	168,602,499	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)	168,602,499	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	196,140,031	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

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

Worksheet G-1

Date/Time Prepared:
11/29/2019 9:33 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		176,223,048		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,378,611				2.00
3.00	Total (sum of line 1 and line 2)		193,601,659		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		193,601,659		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	24,999,160		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)		24,999,160		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		168,602,499		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARILY RESTRICTED FUNDS		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) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2019 9:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	199,881,411		199,881,411	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	27,916,168		27,916,168	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	0		0	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)	227,797,579		227,797,579	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	53,208,998		53,208,998	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)	53,208,998		53,208,998	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	281,006,577		281,006,577	17.00
18.00	Ancillary services	663,757,660	481,604,940	1,145,362,600	18.00
19.00	Outpatient services	0	74,920,611	74,920,611	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	9,088,607	9,088,607	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	944,764,237	565,614,158	1,510,378,395	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		261,675,314		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	RECONCILING ITEM	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)		261,675,314		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0117

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

Worksheet G-3

Date/Time Prepared:
11/29/2019 9:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,510,378,395	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,234,264,134	2.00
3.00	Net patient revenues (line 1 minus line 2)	276,114,261	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	261,675,314	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,438,947	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,500	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	974,704	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	252,233	22.00
23.00	Governmental appropriations	0	23.00
24.00	REVENUE FROM OTHER SERVICES	1,399,933	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	311,294	24.01
25.00	Total other income (sum of lines 6-24)	2,939,664	25.00
26.00	Total (line 5 plus line 25)	17,378,611	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,378,611	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0117

Period:

Worksheet I-1

Component CCN: 14-2335

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/29/2019 9:33 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	70,123	HOURS OF SERVICE	1,386.00	0.67	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	43,152	HOURS OF SERVICE	1,727.00	0.83	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	57,591	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	170,866				9.00
10.00	EMPLOYEE BENEFITS	34,747	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	17	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	54,921	REQUISITIONS			14.00
15.00	DRUGS	5,555	REQUISITIONS			15.00
16.00	OTHER	46,894	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	313,000				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	132,156	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	73,137	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	257,255	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	218,340	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	40,360	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,034,248				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	CHARGES	0		30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,034,248				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 14-0117 Component CCN: 14-2335		Period: From 07/01/2018 To 06/30/2019		Worksheet I-2 Date/Time Prepared: 11/29/2019 9:33 am	
						Renal Dialysis			
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Total Renal Department Costs	350,496	17	70,123	43,152	107,884	5,555	1.00	
MAINTENANCE									
2.00	Hemodialysis	350,496	17	70,123	43,152	107,884	5,555	2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	0	6.00	
7.00	CCPD	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	0	0	0	0	0	0	10.00	
11.00	CCPD	0	0	0	0	0	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2 through 16)	350,496	17	70,123	43,152	107,884	5,555	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	54,921	0	632,148	402,100	1,034,248		1.00	
MAINTENANCE									
2.00	Hemodialysis	54,921	0	632,148	402,100	1,034,248		2.00	
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	0	0	0	0	0		6.00	
7.00	CCPD	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	0	0	0	0	0		10.00	
11.00	CCPD	0	0	0	0	0		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2 through 16)	54,921	0	632,148	402,100	1,034,248		17.00	
18.00	Medical Educational Program Costs					0		18.00	
19.00	Total Renal Costs (line 17 + line 18)					1,034,248		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117
Component CCN: 14-2335Period:
From 07/01/2018
To 06/30/2019Worksheet I-3
Date/Time Prepared:
11/29/2019 9:33 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	350,496	17	70,123	43,152	107,884	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	3,137	17,835.00	15,725.00	10,324.00	913,207	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	111.729678	0.000953	4.459332	4.179775	0.118138	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	5,555	54,921	0	632,148	402,100	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	432,492	276,378	0		632,148	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.012844	0.198717	0.000000		0.636085	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0117

Period:

Worksheet I-4

Component CCN: 14-2335

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/29/2019 9:33 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	1,551	1,034,248	666.83	758	505,457
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	0	0	0.00	0	0
10.00	Home Program - CCPD	0	0	0.00	0	0
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,551	1,034,248		758	505,457
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,551				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	194,408	256.47			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	0	0.00			
10.00	Home Program - CCPD	0	0.00			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	194,408				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 11/29/2019 9:33 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	505,457		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	194,408	194,408	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	194,408	194,408	2.03
2.04	Outlier payments	9,652		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	38,882	38,882	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	38,882	38,882	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	100	100	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	100	100	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	65		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	38,782	8.00
9.00	Program payment (see instructions)	0	155,526	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	65		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	1,034,248		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,034,248		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/29/2019 9:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,334,360	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,058	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)		145.46	3.00
4.00	Number of interns & residents (see instructions)		74.50	4.00
5.00	Indirect medical education percentage (see instructions)		15.55	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)		673,993	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		3.20	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.73	8.00
9.00	Sum of lines 7 and 8		17.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.70	10.00
11.00	Disproportionate share adjustment (see instructions)		160,371	11.00
12.00	Total prospective capital payments (see instructions)		5,194,782	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