

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: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 11:05 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 11:05 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOLY CROSS HOSPITAL (14-0133) 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) _____

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,700,116	435,738	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	1,700,116	435,738	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: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 11:05 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2701 WEST 68TH STREET			PO Box:				1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60629		County: COOK		
				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
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			HOLY CROSS HOSPITAL	140133	16974	1	07/01/1966	N	P
4.00	Subprovider - IPF									
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									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
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)						N	N		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.						1	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 11:05 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	
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.	2,856	953	35	0	14,053	187	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural 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.					N		
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 11:05 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00	
			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.				0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/25/2019 11:05 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.				N	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

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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 11:05 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:	Contractor's Name:			Contractor's Number:			141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:			Zip Code:			143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	155.00			
156.00	Subprovider - IPF	N	N	N	N	156.00			
157.00	Subprovider - IRF	N	N	N	N	157.00			
158.00	SUBPROVIDER					158.00			
159.00	SNF	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00			
161.00	CMHC		N	N	N	161.00			
161.20	OPT		N	N	N	161.20			
161.30	OOT		N	N	N	161.30			
161.40	OSP		N	N	N	161.40			
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								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: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 11:05 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2019	Y 10/31/2019
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 11:05 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	
		1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NASIM	CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	HOLY CROSS HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206	NASIM.CORY@SINAI.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 11:05 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT REIMB & REPORTING		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: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 11:05 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	201	73,365	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)		201	73,365	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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)		221	80,665	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		221				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 11:05 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)	9,668	3,226	35,441			1.00
2.00	HMO and other (see instructions)	5,393	14,240				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,668	3,226	35,441			7.00
8.00	INTENSIVE CARE UNIT	1,516	221	4,577			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		362	550			13.00
14.00	Total (see instructions)	11,184	3,809	40,568	0.00	774.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	774.00	27.00
28.00	Observation Bed Days		184	3,508			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	0	1			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,182	841	8,787	1.00
2.00 HMO and other (see instructions)			979	3,339		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,182	841	8,787	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 11:05 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	50,157,277	4,153,987	54,311,264	1,702,979.00	31.89
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
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	0	0	0.00	0.00
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)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		100,321	0	100,321	1,420.00	70.65
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		122,413	0	122,413	1,903.00	64.33
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		0	0	0	0.00	0.00
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)		13,607,745	0	13,607,745		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		0	0	0		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
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	46,676	1,116,108	1,162,784	26,793.00	43.40
27.00	Administrative & General	5.00	2,834,922	2,956,393	5,791,315	148,920.00	38.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 11:05 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	2,418,141	0	2,418,141	106,098.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,073,673	0	1,073,673	72,623.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	922,785	-326,245	596,540	40,976.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	326,245	326,245	22,409.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,621,933	-571,065	1,050,868	19,577.00	38.00
39.00	Central Services and Supply	14.00	206,778	0	206,778	13,224.00	39.00
40.00	Pharmacy	15.00	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	154,814	0	154,814	1,910.00	41.00
42.00	Social Service	17.00	1,226,117	0	1,226,117	34,466.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 11:05 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)	50,157,277	4,153,987	54,311,264	1,702,979.00	31.89	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,157,277	4,153,987	54,311,264	1,702,979.00	31.89	3.00
4.00	Subtotal other wages & related costs (see inst.)	222,734	0	222,734	3,323.00	67.03	4.00
5.00	Subtotal wage-related costs (see inst.)	13,607,745	0	13,607,745	0.00	25.06	5.00
6.00	Total (sum of lines 3 thru 5)	63,987,756	4,153,987	68,141,743	1,706,302.00	39.94	6.00
7.00	Total overhead cost (see instructions)	10,505,839	3,501,436	14,007,275	486,996.00	28.76	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 11:05 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	384,804	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,452,717	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,077,697	9.00
10.00	Dental, Hearing and Vision Plan	27,505	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	82,402	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)	178,925	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	357,211	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,777,558	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	266,329	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	2,597	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,607,745	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 11:05 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	100,321	13,607,745	1.00
2.00	Hospital	100,321	13,607,745	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0133

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

Worksheet S-10

Date/Time Prepared:
11/25/2019 11:05 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)	0.203912	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	41,327,838	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	252,812,818	6.00
7.00	Medicaid cost (line 1 times line 6)	51,551,567	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)	10,223,729	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)	10,223,729	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
Uncompensated Care (see instructions for each line)			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	13,612,288	0
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,775,709	0
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,775,709	0
		1.00	2.00
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)	22,865,606	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,792,803	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,758,158	27.01
28.00	Non-Medicare bad debt expense (see instructions)	20,107,448	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,065,505	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,841,214	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	18,064,943	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0133

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

Worksheet A

Date/Time Prepared:

11/25/2019 11:05 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		639,804	639,804	173,297	813,101	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,525,302	6,525,302	914,492	7,439,794	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	46,676	15,377,827	15,424,503	4,226	15,428,729	4.00
5.01	00540	NONPATIENT TELEPHONES	273,832	600,138	873,970	-61,670	812,300	5.01
5.02	00550	DATA PROCESSING	21,412	3,262,669	3,284,081	-752,679	2,531,402	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	147,142	-2,765	144,377	105,996	250,373	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	549,982	2,542,059	3,092,041	0	3,092,041	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	1,842,554	14,622,536	16,465,090	-506,797	15,958,293	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,418,141	3,397,469	5,815,610	0	5,815,610	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	721,384	721,384	0	721,384	8.00
9.00	00900	HOUSEKEEPING	1,073,673	717,558	1,791,231	0	1,791,231	9.00
10.00	01000	DIETARY	922,785	1,175,944	2,098,729	-741,992	1,356,737	10.00
11.00	01100	CAFETERIA	0	0	0	741,992	741,992	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,621,933	33,803	1,655,736	-665,708	990,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,778	-204,938	1,840	230,417	232,257	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	154,814	1,397,688	1,552,502	0	1,552,502	16.00
17.00	01700	SOCIAL SERVICE	1,226,117	202,441	1,428,558	0	1,428,558	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,249,149	2,122,048	15,371,197	18,081	15,389,278	30.00
31.00	03100	INTENSIVE CARE UNIT	3,893,136	610,582	4,503,718	-304,130	4,199,588	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,604,132	2,975,423	5,579,555	-2,066,138	3,513,417	50.00
51.00	05100	RECOVERY ROOM	316,889	11,415	328,304	-6,428	321,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,673,398	1,587,454	3,260,852	-48,964	3,211,888	52.00
53.00	05300	ANESTHESIOLOGY	0	1,023,979	1,023,979	0	1,023,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,671,100	1,155,356	2,826,456	-551,646	2,274,810	54.00
54.02	03630	ULTRA SOUND	645,731	60,735	706,466	-16,124	690,342	54.02
56.00	05600	RADIOISOTOPE	260,919	207,093	468,012	-1,678	466,334	56.00
57.00	05700	CT SCAN	556,772	-17,278	539,494	-39,342	500,152	57.00
59.00	05900	CARDIAC CATHETERIZATION	281,095	250,200	531,295	-207,504	323,791	59.00
60.00	06000	LABORATORY	1,363,199	2,834,870	4,198,069	-10,048	4,188,021	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,516,788	233,011	1,749,799	-62,885	1,686,914	65.00
66.00	06600	PHYSICAL THERAPY	450,601	7,578	458,179	-851	457,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	353,389	9,564	362,953	-166	362,787	67.00
68.00	06800	SPEECH PATHOLOGY	187,838	5,948	193,786	-490	193,296	68.00
69.00	06900	ELECTROCARDIOLOGY	543,324	69,017	612,341	-9,960	602,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,108	2,583	50,691	-132	50,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,111,714	3,111,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,729,265	1,729,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,258,001	2,114,354	4,372,355	-20,485	4,351,870	73.00
74.00	07400	RENAL DIALYSIS	509,069	142,588	651,657	-30,072	621,585	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
91.00	09100	EMERGENCY	6,744,561	5,175,406	11,919,967	-814,701	11,105,266	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	524,239	281,816	806,055	75,652	881,707	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		184,542	184,542	-184,542	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,157,277	72,057,203	122,214,480	0	122,214,480	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,621	1,621	0	1,621	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	50,157,277	72,058,824	122,216,101	0	122,216,101	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0133

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

Worksheet A

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-75,749	737,352	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,439,794	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,441	15,425,288	4.00
5.01	00540	NONPATIENT TELEPHONES	0	812,300	5.01
5.02	00550	DATA PROCESSING	0	2,531,402	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	250,373	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,092,041	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-926,287	15,032,006	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-189,597	5,626,013	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	721,384	8.00
9.00	00900	HOUSEKEEPING	0	1,791,231	9.00
10.00	01000	DIETARY	-10,358	1,346,379	10.00
11.00	01100	CAFETERIA	0	741,992	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,572	985,456	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	232,257	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,552,502	16.00
17.00	01700	SOCIAL SERVICE	0	1,428,558	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-340,725	15,048,553	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,199,588	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-247,119	3,266,298	50.00
51.00	05100	RECOVERY ROOM	0	321,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,425,261	1,786,627	52.00
53.00	05300	ANESTHESIOLOGY	-1,023,979	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-268,316	2,006,494	54.00
54.02	03630	ULTRA SOUND	0	690,342	54.02
56.00	05600	RADIOISOTOPE	0	466,334	56.00
57.00	05700	CT SCAN	0	500,152	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	323,791	59.00
60.00	06000	LABORATORY	0	4,188,021	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,686,914	65.00
66.00	06600	PHYSICAL THERAPY	0	457,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	362,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	193,296	68.00
69.00	06900	ELECTROCARDIOLOGY	0	602,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	50,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-4,407	3,107,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,729,265	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-130,502	4,221,368	73.00
74.00	07400	RENAL DIALYSIS	0	621,585	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
91.00	09100	EMERGENCY	-3,459,607	7,645,659	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	-669,091	212,616	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
99.20	09921	OPT	0	0	99.20
99.30	09931	OOT	0	0	99.30
99.40	09941	OSP	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,779,011	113,435,469	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,621	0	192.00
194.00	07950	SEASON HOSPICE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,780,632	113,435,469	200.00

RECLASSIFICATIONS

Provider CCN: 14-0133

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 11:05 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	326,245	0		1.00
2.00	CAFETERIA	11.00	0	415,747		2.00
	0		326,245	415,747		
	B - BED & PT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	94,643		1.00
	0		0	94,643		
	C - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	75,749		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	108,793		2.00
	0		0	184,542		
	D - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	97,548		1.00
	0		0	97,548		
	E - MED SUPPLY & INPLANTABLE DEVICE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,111,714		1.00
2.00		0.00	0	0		2.00
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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,729,265		23.00
24.00		0.00	0	0		24.00
26.00		0.00	0	0		26.00
29.00		0.00	0	0		29.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
35.00		0.00	0	0		35.00
	0		0	4,840,979		
	F - SINAI HEALTH SYSTEM RECLASS					
1.00	DATA PROCESSING	5.02	1,312,808	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	42,860	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	1,529,331	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	521,562	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	122,830	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	471,716	0		6.00
7.00	NONPATIENT TELEPHONES	5.01	71,394	0		7.00
8.00	BEHAVIORAL HEALTH @ CASIMIR	91.01	81,486	0		8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,226		9.00
10.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	914,492		10.00
	0		4,153,987	918,718		
	G - DIRECTORSHIP RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	0	82,500		1.00
	0		0	82,500		
	H - NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	571,065	0		1.00
	0		571,065	0		
	I - INVENTORY RECLASS					
1.00	PURCHASING RECEIVING AND STORES	5.03	0	105,996		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	230,417		2.00
	TOTALS		0	336,413		
500.00	Grand Total: Increases		5,051,297	6,971,090		500.00

RECLASSIFICATIONS

Provider CCN: 14-0133

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 11:05 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA RECLASS						
1.00	DIETARY	10.00	326,245	0	0		1.00
2.00	DIETARY	10.00	0	415,747	0		2.00
	0		326,245	415,747			
	B - BED & PT RENTAL						
1.00	NURSING ADMINISTRATION	13.00	0	94,643	0		1.00
	0		0	94,643			
	C - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	184,542	11		1.00
2.00		0.00	0	0	0		2.00
	0		0	184,542			
	D - INSURANCE RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	97,548	12		1.00
	0		0	97,548			
	E - MED SUPPLY & INPLANTABLE DEVICE						
1.00	ADULTS & PEDIATRICS	30.00	0	565,074	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	386,560	0		2.00
4.00	OPERATING ROOM	50.00	0	841,061	0		4.00
5.00	RECOVERY ROOM	51.00	0	6,428	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	48,964	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218,656	0		7.00
8.00	ULTRA SOUND	54.02	0	16,124	0		8.00
9.00	RADIOISOTOPE	56.00	0	1,678	0		9.00
10.00	CT SCAN	57.00	0	37,743	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	38,634	0		11.00
12.00	LABORATORY	60.00	0	10,048	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	62,885	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	851	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	166	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	490	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	9,960	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	132	0		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,345	0		19.00
20.00	BEHAVIORAL HEALTH @ CASIMIR	91.01	0	1,608	0		20.00
21.00	RENAL DIALYSIS	74.00	0	30,072	0		21.00
22.00	EMERGENCY	91.00	0	814,235	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	0	53	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	0	70	0		24.00
26.00	OPERATING ROOM	50.00	0	1,225,077	0		26.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	332,990	0		29.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0	140	0		31.00
32.00	CT SCAN	57.00	0	1,599	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	168,870	0		33.00
35.00	EMERGENCY	91.00	0	466	0		35.00
	0		0	4,840,979			
	F - SINAI HEALTH SYSTEM RECLASS						
1.00	DATA PROCESSING	5.02	0	1,312,808	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	42,860	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	1,529,331	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,116,108	0		4.00
5.00	NONPATIENT TELEPHONES	5.01	0	71,394	0		5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	81,486	0		6.00
7.00	BEHAVIORAL HEALTH @ CASIMIR	91.01	0	4,226	0		7.00
8.00	NONPATIENT TELEPHONES	5.01	0	61,670	0		8.00
9.00	DATA PROCESSING	5.02	0	752,679	0		9.00
10.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	100,143	9		10.00
	0		0	5,072,705			
	G - DIRECTORSHIP RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	82,500	0		1.00
	0		0	82,500			
	H - NURSING ADMIN						
1.00	NURSING ADMINISTRATION	13.00	571,065	0	0		1.00
	0		571,065	0			
	I - INVENTORY RECLASS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	336,413	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	336,413			
500.00	Grand Total: Decreases		897,310	11,125,077			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 11:05 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	1,700,000	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	78,332,880	1,969,406	0	1,969,406	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	31,265,247	284,332	0	284,332	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	111,298,127	2,253,738	0	2,253,738	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	111,298,127	2,253,738	0	2,253,738	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,700,000	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	80,302,286	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	31,549,579	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	113,551,865	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	113,551,865	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 11:05 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	639,804	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,525,302	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,165,106	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	639,804				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,525,302				2.00
3.00	Total (sum of lines 1-2)	0	7,165,106				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 11:05 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	82,002,286	0	82,002,286	0.722157	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31,549,578	0	31,549,578	0.277843	0	2.00
3.00	Total (sum of lines 1-2)	113,551,864	0	113,551,864	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	639,804	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,439,794	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,079,598	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	0	97,548	0	0	737,352	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,439,794	2.00
3.00	Total (sum of lines 1-2)	0	97,548	0	0	8,177,146	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0133

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 11:05 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,086,738			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		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests			0	0.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.00
33.01	NURSING ADMIN A8-1	B	-4,572	NURSING ADMINISTRATION	13.00	0	33.01
33.02	OTHER DIETARY INC A8-1	B	-39	DIETARY	10.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0133

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 11:05 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.03 VENDING INC A8-1	B	-10,319	DIETARY	10.00	0	33.03
33.04 OP BEHAVIORAL HLTH @ CASIMIR A8-1	B	-3,000	BEHAVIORAL HEALTH @ CASIMIR	91.01	0	33.04
33.05 PARKING INC A8-1	B	-86,025	OPERATION OF PLANT	7.00	0	33.05
33.06 EMPLOYEE BENEFIT A8-1	B	-3,441	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.07
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08
33.09 MARKETING OFFSET A8-3	A	-33,270	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.09
33.10 LOBBYISTS OFFSET A8-4	A	-157,020	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.10
33.11 INTEREST INCOME A8-5	A	-75,749	CAP REL COSTS-BLDG & FIXT	1.00	11	33.11
33.12 INTEREST INCOME A8-5	A	-108,793	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.12
33.13 PHYSICIAN PRIV OFFICE A8-6	A	-1,621	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.13
33.14 GRANTS OFFSET A8-7	A	-1,433	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.16 LOBBYING OFFSET A8-9	A	-13,652	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.16
33.17 HOSPICE OFFSET A8-10	A	-212,998	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.17
33.18 340 B REV OFFSET A8-1	B	-93,573	DRUGS CHARGED TO PATIENTS	73.00	0	33.18
33.19 CAREMARK REBATE A8-2	B	-36,929	DRUGS CHARGED TO PATIENTS	73.00	0	33.19
33.20 OPERATION AND PLANT A8-2	B	-103,572	OPERATION OF PLANT	7.00	0	33.20
33.21 OTH MISC INC A8-2	B	-10,472	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.21
33.22 OTH MISC INC A8-2	B	-15,572	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.22
33.23 OTH MISC INC A8-2	B	-17,224	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.23
33.24 PART B OFFSET A8-13	A	-340,725	ADULTS & PEDIATRICS	30.00	0	33.24
33.25 PART B OFFSET A8-13	A	-351,072	OTHER ADMINISTRATIVE & GENERAL	5.05	0	33.25
33.26 PURCH REBATE A8-2	B	-4,407	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.26
33.27 DIAGNOSTIC RADIOLOGY A8-2	B	-8,416	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28 GEN HOSP - LAB/RADIOLOGY A8-1	B	0	LABORATORY	60.00	0	33.28
33.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.29
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,780,632				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: 14-0133

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 11:05 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY & OTHER	1,724,565	1,724,565	1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY & OTHER	381,713	381,713	2.00
3.00	5.02	DATA PROCESSING	SALARY & OTHER	3,259,055	3,259,055	3.00
3.01	5.03	PURCHASING RECEIVING AND STO	SALARY & OTHER	87,145	87,145	3.01
3.02	5.04	CASHIERING/ACCOUNTS RECEIVAB	SALARY & OTHER	2,420,501	2,420,501	3.02
3.03	5.05	OTHER ADMINISTRATIVE & GENER	SALARY & OTHER	2,976,861	2,976,861	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	SALARY & OTHER	1,209,214	1,209,214	3.04
3.05	60.00	LABORATORY	SALARY & OTHER	1,392,381	1,392,381	3.05
3.06	30.00	ADULTS & PEDIATRICS	SALARY & OTHER	1,006,816	1,006,816	3.06
3.07	91.01	BEHAVIORAL HEALTH @ CASIMIR	SALARY & OTHER	99,143	99,143	3.07
3.08	50.00	OPERATING ROOM	SALARY & OTHER	247,119	247,119	3.08
3.09	52.00	DELIVERY ROOM & LABOR ROOM	SALARY & OTHER	1,104,423	1,104,423	3.09
3.10	54.00	RADIOLOGY-DIAGNOSTIC	SALARY & OTHER	259,900	259,900	3.10
3.11	53.00	ANESTHESIOLOGY	SALARY & OTHER	1,023,979	1,023,979	3.11
3.12	0.00			0	0	3.12
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.			17,192,815	17,192,815	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	E	SINAI HLTH SYST	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
9.01			0.00		0.00	9.01
10.00			0.00		0.00	10.00
10.01			0.00		0.00	10.01
10.02			0.00		0.00	10.02
10.03			0.00		0.00	10.03
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: 14-0133

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 11:05 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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
4.00	0	0		4.00
5.00	0			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
9.01			9.01
10.00			10.00
10.01			10.01
10.02			10.02
10.03			10.03
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: 14-0133

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 11:05 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	31.00	INTENSIVE CARE UNIT	82,500	0	82,500	179,000	1,533	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	1,425,261	1,425,261	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,023,979	1,023,979	0	0	0	3.00
4.00	5.05	OTHER ADMINISTRATIVE & GENERAL	39,913	0	39,913	197,500	370	4.00
5.00	91.00	EMERGENCY	3,459,607	3,459,607	0	0	0	5.00
6.00	91.01	BEHAVIORAL HEALTH @ CASIMIR	666,091	666,091	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	259,900	259,900	0	0	0	7.00
8.00	50.00	OPERATING ROOM	247,119	247,119	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,204,370	7,081,957	122,413		1,903	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	31.00	INTENSIVE CARE UNIT	131,926	6,596	0	0	0	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	5.05	OTHER ADMINISTRATIVE & GENERAL	35,132	1,757	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	91.01	BEHAVIORAL HEALTH @ CASIMIR	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			167,058	8,353	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	31.00	INTENSIVE CARE UNIT	0	131,926	0	0		1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,425,261		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,023,979		3.00
4.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	35,132	4,781	4,781		4.00
5.00	91.00	EMERGENCY	0	0	0	3,459,607		5.00
6.00	91.01	BEHAVIORAL HEALTH @ CASIMIR	0	0	0	666,091		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	259,900		7.00
8.00	50.00	OPERATING ROOM	0	0	0	247,119		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	167,058	4,781	7,086,738		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP			
0			1.00	2.00	4.00	5.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	737,352	737,352				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,439,794		7,439,794			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,425,288	6,051	920	15,432,259		4.00
5.01	00540	NONPATIENT TELEPHONES	812,300	747	149,613	100,240	1,062,900	5.01
5.02	00550	DATA PROCESSING	2,531,402	4,249	2,201,391	387,405	25,861	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	250,373	2,942	0	55,169	15,517	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,092,041	6,189	274	159,693	63,791	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	15,032,006	123,247	54,378	979,064	319,819	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,626,013	41,050	73,519	702,134	42,240	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	721,384	44,519	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,791,231	0	0	311,753	0	9.00
10.00	01000	DIETARY	1,346,379	27,525	33,601	173,212	19,827	10.00
11.00	01100	CAFETERIA	741,992	20,852	0	94,729	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	985,456	3,220	363,714	305,131	1,724	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	232,257	16,736	495,028	60,040	9,482	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,552,502	6,467	6,006	44,952	70,688	16.00
17.00	01700	SOCIAL SERVICE	1,428,558	0	0	356,017	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,048,553	123,879	226,258	4,012,865	197,408	30.00
31.00	03100	INTENSIVE CARE UNIT	4,199,588	34,500	146,710	1,130,415	18,103	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,266,298	43,478	498,234	756,138	76,722	50.00
51.00	05100	RECOVERY ROOM	321,876	3,050	19,345	92,012	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,786,627	27,367	287,278	485,890	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,006,494	37,872	1,521,026	485,222	79,308	54.00
54.02	03630	ULTRA SOUND	690,342	1,471	1,486	187,495	0	54.02
56.00	05600	RADIOISOTOPE	466,334	3,192	156,605	75,761	0	56.00
57.00	05700	CT SCAN	500,152	2,831	321,865	161,665	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	323,791	0	47,258	81,619	6,034	59.00
60.00	06000	LABORATORY	4,188,021	24,147	97,994	395,820	36,206	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,686,914	4,413	137,133	440,416	0	65.00
66.00	06600	PHYSICAL THERAPY	457,328	12,379	3,642	130,837	9,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	362,787	5,218	0	102,610	0	67.00
68.00	06800	SPEECH PATHOLOGY	193,296	4,163	0	54,541	0	68.00
69.00	06900	ELECTROCARDIOLOGY	602,381	4,302	273,667	157,760	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,559	5,224	7,244	13,969	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,107,307	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,729,265	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,221,368	6,245	111,903	655,635	18,965	73.00
74.00	07400	RENAL DIALYSIS	621,585	0	48,489	147,814	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
91.00	09100	EMERGENCY	7,645,659	39,829	155,213	1,958,357	49,999	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	212,616	39,379	0	175,879	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,435,469	726,733	7,439,794	15,432,259	1,061,176	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,990	0	0	1,724	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.00	07950	SEASON HOSPICE	0	5,629	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	113,435,469	737,352	7,439,794	15,432,259	1,062,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	5,150,308					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	64,931	388,932				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,089,854	1,607	4,413,449			5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	1,402,063	5,291	0	17,915,868	17,915,868	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	59,248	44,809	0	6,589,013	1,235,848	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,457	45,863	0	823,223	154,405	8.00
9.00	00900	HOUSEKEEPING	0	10,583	0	2,113,567	396,425	9.00
10.00	01000	DIETARY	0	18,638	0	1,619,182	303,697	10.00
11.00	01100	CAFETERIA	0	0	0	857,573	160,848	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,098	1,937	0	1,665,280	312,343	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,659	2,990	0	852,192	159,839	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	348,677	726	0	2,030,018	380,754	16.00
17.00	01700	SOCIAL SERVICE	0	129	0	1,784,704	334,743	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	749,220	5,098	730,632	21,093,913	3,956,436	30.00
31.00	03100	INTENSIVE CARE UNIT	145,995	6,264	200,129	5,881,704	1,103,184	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	219,416	82,385	273,609	5,216,280	978,376	50.00
51.00	05100	RECOVERY ROOM	0	113	33,792	470,188	88,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,624	1,968	55,704	2,719,458	510,067	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,922	41,148	271,895	4,606,887	864,077	54.00
54.02	03630	ULTRA SOUND	0	2,703	98,373	981,870	184,162	54.02
56.00	05600	RADIOISOTOPE	26,092	12,301	38,267	778,552	146,027	56.00
57.00	05700	CT SCAN	0	4,907	378,988	1,370,408	257,036	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,316	17,502	488,520	91,628	59.00
60.00	06000	LABORATORY	0	50,460	515,413	5,308,061	995,591	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	34,623	9,726	196,296	2,509,521	470,691	65.00
66.00	06600	PHYSICAL THERAPY	17,884	361	16,304	648,217	121,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,516	49	19,140	494,320	92,716	67.00
68.00	06800	SPEECH PATHOLOGY	9,419	191	10,696	272,306	51,074	68.00
69.00	06900	ELECTROCARDIOLOGY	96,057	3,070	148,906	1,286,143	241,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	95	4,433	81,524	15,291	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	130,383	3,237,690	607,268	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,491	1,784,756	334,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,567	8,865	274,708	5,544,256	1,039,892	73.00
74.00	07400	RENAL DIALYSIS	9,811	4,489	32,982	865,170	162,273	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
91.00	09100	EMERGENCY	336,175	8,811	887,329	11,081,372	2,078,444	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	1,039	22,477	451,390	84,664	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,150,308	388,932	4,413,449	113,423,126	17,913,553	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,714	1,259	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	5,629	1,056	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,150,308	388,932	4,413,449	113,435,469	17,915,868	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	7,824,861				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	630,080	1,607,708			8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,509,992		9.00
10.00	01000	DIETARY	0	389,558	0	135,902	2,448,339	10.00
11.00	01100	CAFETERIA	0	295,124	0	102,958	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	45,567	0	15,897	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	236,869	0	82,635	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,527	0	31,930	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,753,265	517,698	611,648	2,159,806	30.00
31.00	03100	INTENSIVE CARE UNIT	0	488,273	134,180	170,340	288,533	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	615,350	69,094	214,673	0	50.00
51.00	05100	RECOVERY ROOM	0	43,171	11,080	15,061	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	387,319	70,780	135,121	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	536,001	41,369	186,991	0	54.00
54.02	03630	ULTRA SOUND	0	20,819	46,677	7,263	0	54.02
56.00	05600	RADIOISOTOPE	0	45,174	6,705	15,760	0	56.00
57.00	05700	CT SCAN	0	40,067	20,619	13,978	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	13,155	0	0	59.00
60.00	06000	LABORATORY	0	341,752	0	119,225	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	62,458	0	21,789	0	65.00
66.00	06600	PHYSICAL THERAPY	0	175,197	3,899	61,120	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	73,850	0	25,763	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	58,923	0	20,556	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,887	6,277	21,241	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	73,928	0	25,791	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,384	0	30,834	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9,467	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
91.00	09100	EMERGENCY	0	563,694	639,277	196,652	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	557,331	17,431	194,432	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,674,568	1,607,708	2,457,560	2,448,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,629	0	24,640	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	79,664	0	27,792	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,824,861	1,607,708	2,509,992	2,448,339	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,416,503					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	53,309	0	2,092,396			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,606	0	0	1,346,141		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,119	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	38,058	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	488,705	0	1,073,549	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	100,698	0	206,394	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,475	0	169,039	0	0	50.00
51.00	05100	RECOVERY ROOM	7,672	0	15,706	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,836	0	95,989	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,526	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	16,656	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	5,506	0	0	0	0	56.00
57.00	05700	CT SCAN	16,196	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	8,201	0	0	0	0	59.00
60.00	06000	LABORATORY	50,107	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	50,107	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,145	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,238	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,022	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,738	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,004	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	865,281	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	480,860	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,166	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,984	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
91.00	09100	EMERGENCY	188,058	0	385,444	0	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	71,371	0	146,275	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,416,503	0	2,092,396	1,346,141	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,416,503	0	2,092,396	1,346,141	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,536,348					16.00
17.00	01700	SOCIAL SERVICE	0	2,157,505				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	419,868	1,618,129	0	33,693,017	0	30.00
31.00	03100	INTENSIVE CARE UNIT	115,007	302,051	0	8,790,364	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157,233	172,600	0	7,675,120	0	50.00
51.00	05100	RECOVERY ROOM	19,419	0	0	670,486	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,011	0	0	3,997,581	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	156,248	0	0	6,444,099	0	54.00
54.02	03630	ULTRA SOUND	56,532	0	0	1,313,979	0	54.02
56.00	05600	RADIOISOTOPE	21,990	0	0	1,019,714	0	56.00
57.00	05700	CT SCAN	217,791	0	0	1,936,095	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	10,058	0	0	611,562	0	59.00
60.00	06000	LABORATORY	296,189	0	0	7,110,925	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	112,804	0	0	3,227,370	0	65.00
66.00	06600	PHYSICAL THERAPY	9,369	0	0	1,033,528	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,999	0	0	706,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,146	0	0	414,027	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85,571	0	0	1,724,089	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,548	0	0	201,086	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,926	0	0	4,785,165	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,888	0	0	2,632,256	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	157,865	0	0	6,917,397	0	73.00
74.00	07400	RENAL DIALYSIS	18,954	0	0	1,069,848	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
91.00	09100	EMERGENCY	510,015	64,725	0	15,707,681	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	12,917	0	0	1,535,811	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,536,348	2,157,505	0	113,218,086	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	103,242	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	114,141	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,536,348	2,157,505	0	113,435,469	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.02	03630	ULTRA SOUND	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
99.20	09921	OPT	99.20
99.30	09931	OOT	99.30
99.40	09941	OSP	99.40
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	SEASON HOSPICE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 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	0	6,051	920	6,971	4.00
5.01	00540	NONPATIENT TELEPHONES	0	747	149,613	150,360	5.01
5.02	00550	DATA PROCESSING	0	4,249	2,201,391	2,205,640	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,942	0	2,942	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,189	274	6,463	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	123,247	54,378	177,625	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	41,050	73,519	114,569	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,519	0	44,519	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	27,525	33,601	61,126	10.00
11.00	01100	CAFETERIA	0	20,852	0	20,852	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,220	363,714	366,934	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,736	495,028	511,764	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,467	6,006	12,473	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	123,879	226,258	350,137	30.00
31.00	03100	INTENSIVE CARE UNIT	0	34,500	146,710	181,210	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	43,478	498,234	541,712	50.00
51.00	05100	RECOVERY ROOM	0	3,050	19,345	22,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,367	287,278	314,645	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,872	1,521,026	1,558,898	54.00
54.02	03630	ULTRA SOUND	0	1,471	1,486	2,957	54.02
56.00	05600	RADIOISOTOPE	0	3,192	156,605	159,797	56.00
57.00	05700	CT SCAN	0	2,831	321,865	324,696	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	47,258	47,258	59.00
60.00	06000	LABORATORY	0	24,147	97,994	122,141	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,413	137,133	141,546	65.00
66.00	06600	PHYSICAL THERAPY	0	12,379	3,642	16,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,218	0	5,218	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,163	0	4,163	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,302	273,667	277,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,224	7,244	12,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,245	111,903	118,148	73.00
74.00	07400	RENAL DIALYSIS	0	0	48,489	48,489	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
91.00	09100	EMERGENCY	0	39,829	155,213	195,042	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	39,379	0	39,379	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	726,733	7,439,794	8,166,527	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,990	0	4,990	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	5,629	0	5,629	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 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	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	737,352	7,439,794	8,177,146	6,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	150,405					5.01
5.02	00550	DATA PROCESSING	3,659	2,209,474				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,196	27,855	33,018			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,027	467,546	136	483,244		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	45,255	601,485	449	0	825,256	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,977	25,417	3,804	0	56,929	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,915	3,893	0	7,113	8.00
9.00	00900	HOUSEKEEPING	0	0	898	0	18,261	9.00
10.00	01000	DIETARY	2,806	0	1,582	0	13,990	10.00
11.00	01100	CAFETERIA	0	0	0	0	7,409	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	244	1,758	164	0	14,388	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,342	15,298	254	0	7,363	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,003	149,582	62	0	17,539	16.00
17.00	01700	SOCIAL SERVICE	0	0	11	0	15,420	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,934	321,414	433	79,966	182,218	30.00
31.00	03100	INTENSIVE CARE UNIT	2,562	62,631	532	21,904	50,818	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,856	94,129	6,995	29,946	45,069	50.00
51.00	05100	RECOVERY ROOM	0	0	10	3,698	4,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,013	167	6,097	23,496	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,222	70,322	3,493	29,758	39,804	54.00
54.02	03630	ULTRA SOUND	0	0	229	10,767	8,483	54.02
56.00	05600	RADIOISOTOPE	0	11,194	1,044	4,188	6,727	56.00
57.00	05700	CT SCAN	0	0	417	41,479	11,840	57.00
59.00	05900	CARDIAC CATHETERIZATION	854	0	1,046	1,916	4,221	59.00
60.00	06000	LABORATORY	5,123	0	4,283	56,411	45,862	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	14,853	826	21,484	21,682	65.00
66.00	06600	PHYSICAL THERAPY	1,342	7,672	31	1,784	5,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,937	4	2,095	4,271	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,041	16	1,171	2,353	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,208	261	16,297	11,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8	485	704	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,270	27,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,073	15,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,684	105,777	753	30,066	47,902	73.00
74.00	07400	RENAL DIALYSIS	0	4,209	381	3,610	7,475	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
91.00	09100	EMERGENCY	7,075	144,218	748	97,319	95,743	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	0	88	2,460	3,900	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	150,161	2,209,474	33,018	483,244	825,149	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	244	0	0	0	58	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	49	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	150,405	2,209,474	33,018	483,244	825,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	207,013				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,669	77,109			8.00
9.00	00900	HOUSEKEEPING	0	0	0	19,300		9.00
10.00	01000	DIETARY	0	10,306	0	1,045	90,933	10.00
11.00	01100	CAFETERIA	0	7,808	0	792	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,206	0	122	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,267	0	635	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,421	0	246	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	46,382	24,830	4,703	80,217	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,918	6,436	1,310	10,716	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,280	3,314	1,651	0	50.00
51.00	05100	RECOVERY ROOM	0	1,142	531	116	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,247	3,395	1,039	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,180	1,984	1,438	0	54.00
54.02	03630	ULTRA SOUND	0	551	2,239	56	0	54.02
56.00	05600	RADIOISOTOPE	0	1,195	322	121	0	56.00
57.00	05700	CT SCAN	0	1,060	989	107	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	631	0	0	59.00
60.00	06000	LABORATORY	0	9,041	0	917	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,652	0	168	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,635	187	470	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,954	0	198	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,559	0	158	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,611	301	163	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,956	0	198	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,338	0	237	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	454	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
91.00	09100	EMERGENCY	0	14,913	30,660	1,512	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	14,745	836	1,495	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	203,036	77,109	18,897	90,933	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,869	0	189	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	2,108	0	214	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	207,013	77,109	19,300	90,933	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	36,904					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,389	0	386,343			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381	0	0	543,331		14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	992	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,734	0	198,221	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,623	0	38,109	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,149	0	31,212	0	0	50.00
51.00	05100	RECOVERY ROOM	200	0	2,900	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,220	0	17,724	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,368	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	434	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	143	0	0	0	0	56.00
57.00	05700	CT SCAN	422	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	214	0	0	0	0	59.00
60.00	06000	LABORATORY	1,305	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,305	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	369	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	241	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	131	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	592	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	349,245	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	194,086	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,463	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	364	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
91.00	09100	EMERGENCY	4,899	0	71,169	0	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	1,859	0	27,008	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,904	0	386,343	543,331	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	36,904	0	386,343	543,331	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	192,401					16.00
17.00	01700	SOCIAL SERVICE	0	16,584				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,895	12,437		1,375,337	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,736	2,322		403,337	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	0	41.00
43.00	04300	NURSERY	0	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,944	1,327		796,925	0	50.00
51.00	05100	RECOVERY ROOM	1,475	0		36,571	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,432	0		412,694	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,869	0		1,744,555	0	54.00
54.02	03630	ULTRA SOUND	4,294	0		30,095	0	54.02
56.00	05600	RADIOISOTOPE	1,670	0		186,435	0	56.00
57.00	05700	CT SCAN	16,544	0		397,627	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	764	0		56,941	0	59.00
60.00	06000	LABORATORY	22,499	0		267,761	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,569	0		212,284	0	65.00
66.00	06600	PHYSICAL THERAPY	712	0		38,883	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	836	0		16,800	0	67.00
68.00	06800	SPEECH PATHOLOGY	467	0		14,084	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,500	0		356,085	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	194	0		16,071	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,692	0		397,181	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,422	0		218,001	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,992	0		321,656	0	73.00
74.00	07400	RENAL DIALYSIS	1,440	0		66,489	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
91.00	09100	EMERGENCY	38,474	498		703,154	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	981	0		92,830	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0		0	0	94.00
99.20	09921	OPT	0	0		0	0	99.20
99.30	09931	OOT	0	0		0	0	99.30
99.40	09941	OSP	0	0		0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,401	16,584	0	8,161,796	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		7,350	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0		0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		0	0	192.00
194.00	07950	SEASON HOSPICE	0	0		8,000	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	192,401	16,584	0	8,177,146	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.02	03630	ULTRA SOUND	54.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
99.20	09921	OPT	99.20
99.30	09931	OOT	99.30
99.40	09941	OSP	99.40
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	SEASON HOSPICE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	265,663				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,039,806			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,180	376	53,148,480		4.00
5.01	00540	NONPATIENT TELEPHONES	269	61,130	345,226	1,233	5.01
5.02	00550	DATA PROCESSING	1,531	899,461	1,334,220	30	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,060	0	190,002	18	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,230	112	549,982	74	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	44,405	22,218	3,371,885	371	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	14,790	30,039	2,418,141	49	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,040	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,073,673	0	9.00
10.00	01000	DIETARY	9,917	13,729	596,540	23	10.00
11.00	01100	CAFETERIA	7,513	0	326,245	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,160	148,609	1,050,868	2	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,030	202,262	206,778	11	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,330	2,454	154,814	82	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,226,117	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,633	92,446	13,820,214	229	30.00
31.00	03100	INTENSIVE CARE UNIT	12,430	59,944	3,893,136	21	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,665	203,572	2,604,132	89	50.00
51.00	05100	RECOVERY ROOM	1,099	7,904	316,889	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,860	117,378	1,673,398	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,645	621,472	1,671,100	92	54.00
54.02	03630	ULTRA SOUND	530	607	645,731	0	54.02
56.00	05600	RADIOISOTOPE	1,150	63,987	260,919	0	56.00
57.00	05700	CT SCAN	1,020	131,510	556,772	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,309	281,095	7	59.00
60.00	06000	LABORATORY	8,700	40,039	1,363,199	42	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,590	56,031	1,516,788	0	65.00
66.00	06600	PHYSICAL THERAPY	4,460	1,488	450,601	11	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,880	0	353,389	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,500	0	187,838	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,550	111,817	543,324	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882	2,960	48,108	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,250	45,722	2,258,001	22	73.00
74.00	07400	RENAL DIALYSIS	0	19,812	509,069	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	0	0	0	90.00
91.00	09100	EMERGENCY	14,350	63,418	6,744,561	58	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	14,188	0	605,725	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,837	3,039,806	53,148,480	1,231	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	0	2	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
194.00	07950	SEASON HOSPICE	2,028	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	737,352	7,439,794	15,432,259	1,062,900	5,150,308	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.775516	2.447457	0.290361	862.043796	4.354538	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			6,971	150,405	2,209,474	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000131	121.982968	1.868090	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: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQUISITN)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,117,504					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	25,284	555,229,771				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	83,215	0	-17,915,868	95,519,601		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	704,792	0	0	6,589,013	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	721,382	0	0	823,223	0	8.00
9.00	00900	HOUSEKEEPING	166,456	0	0	2,113,567	0	9.00
10.00	01000	DIETARY	293,153	0	0	1,619,182	0	10.00
11.00	01100	CAFETERIA	0	0	0	857,573	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	30,463	0	0	1,665,280	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,025	0	0	852,192	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,416	0	0	2,030,018	0	16.00
17.00	01700	SOCIAL SERVICE	2,031	0	0	1,784,704	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,189	91,914,987	0	21,093,913	0	30.00
31.00	03100	INTENSIVE CARE UNIT	98,529	25,176,582	0	5,881,704	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,295,868	34,420,593	0	5,216,280	0	50.00
51.00	05100	RECOVERY ROOM	1,777	4,251,063	0	470,188	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,958	7,007,625	0	2,719,458	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	647,208	34,204,904	0	4,606,887	0	54.00
54.02	03630	ULTRA SOUND	42,512	12,375,560	0	981,870	0	54.02
56.00	05600	RADIOISOTOPE	193,480	4,814,022	0	778,552	0	56.00
57.00	05700	CT SCAN	77,178	47,677,476	0	1,370,408	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	193,719	2,201,786	0	488,520	0	59.00
60.00	06000	LABORATORY	793,677	64,839,979	0	5,308,061	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	152,980	24,694,366	0	2,509,521	0	65.00
66.00	06600	PHYSICAL THERAPY	5,677	2,051,080	0	648,217	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	773	2,407,905	0	494,320	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,002	1,345,539	0	272,306	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,295	18,732,608	0	1,286,143	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,492	557,736	0	81,524	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,402,409	0	3,237,690	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,980,825	0	1,784,756	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,444	34,558,829	0	5,544,256	0	73.00
74.00	07400	RENAL DIALYSIS	70,610	4,149,264	0	865,170	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
91.00	09100	EMERGENCY	138,580	111,636,923	0	11,081,372	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	16,339	2,827,710	0	451,390	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,117,504	555,229,771	-17,915,868	95,507,258	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,714	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	5,629	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUISITN)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	388,932	4,413,449		17,915,868	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.063577	0.007949		0.187562	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	33,018	483,244		825,256	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005397	0.000870		0.008640	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: 14-0133

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

Worksheet B-1

Date/Time Prepared:

11/25/2019 11:05 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	199,198				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,040	1,143,068			8.00
9.00	00900	HOUSEKEEPING	0	0	183,158		9.00
10.00	01000	DIETARY	9,917	0	9,917	167,096	10.00
11.00	01100	CAFETERIA	7,513	0	7,513	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	61,486	12.00
13.00	01300	NURSING ADMINISTRATION	1,160	0	1,160	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,030	0	6,030	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,330	0	2,330	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,633	368,079	44,633	147,404	30.00
31.00	03100	INTENSIVE CARE UNIT	12,430	95,401	12,430	19,692	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,665	49,125	15,665	0	50.00
51.00	05100	RECOVERY ROOM	1,099	7,878	1,099	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,860	50,324	9,860	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,645	29,413	13,645	0	54.00
54.02	03630	ULTRA SOUND	530	33,187	530	0	54.02
56.00	05600	RADIOISOTOPE	1,150	4,767	1,150	0	56.00
57.00	05700	CT SCAN	1,020	14,660	1,020	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,353	0	0	59.00
60.00	06000	LABORATORY	8,700	0	8,700	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,590	0	1,590	0	65.00
66.00	06600	PHYSICAL THERAPY	4,460	2,772	4,460	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,880	0	1,880	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,500	0	1,500	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,550	4,463	1,550	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,882	0	1,882	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,250	0	2,250	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,731	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
91.00	09100	EMERGENCY	14,350	454,522	14,350	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	14,188	12,393	14,188	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,372	1,143,068	179,332	167,096	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798	0	1,798	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	2,028	0	2,028	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	7,824,861	1,607,708	2,509,992	2,448,339	1,416,503	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.281825	1.406485	13.703971	14.652290	23.037813	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	207,013	77,109	19,300	90,933	36,904	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.039232	0.067458	0.105374	0.544196	0.600202	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: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	924,289				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,840,979			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	555,229,771	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	474,226	0	0	91,914,987	30.00
31.00	03100	INTENSIVE CARE UNIT	0	91,172	0	0	25,176,582	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,671	0	0	34,420,593	50.00
51.00	05100	RECOVERY ROOM	0	6,938	0	0	4,251,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,402	0	0	7,007,625	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	34,204,904	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	12,375,560	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	4,814,022	56.00
57.00	05700	CT SCAN	0	0	0	0	47,677,476	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,201,786	59.00
60.00	06000	LABORATORY	0	0	0	0	64,839,979	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	24,694,366	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,051,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,407,905	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,345,539	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	18,732,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	557,736	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,111,714	0	16,402,409	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,729,265	0	6,980,825	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,558,829	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,149,264	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
91.00	09100	EMERGENCY	0	170,265	0	0	111,636,923	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	64,615	0	0	2,827,710	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	924,289	4,840,979	0	555,229,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	SEASON HOSPICE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	2,092,396	1,346,141	0	2,536,348	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2.263790	0.278072	0.000000	0.004568	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	386,343	543,331	0	192,401	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.417989	0.112236	0.000000	0.000347	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: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE	10,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	7,500	30.00
31.00	03100	INTENSIVE CARE UNIT	1,400	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	800	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.02	03630	ULTRA SOUND	0	54.02
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	300	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
99.20	09921	OPT	0	99.20
99.30	09931	OOT	0	99.30
99.40	09941	OSP	0	99.40
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SISTERS & PRIESTS MAINTENANCE	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	SEASON HOSPICE	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0133

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,157,505	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	215.750500	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,584	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.658400	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,693,017		33,693,017	0	33,693,017	30.00
31.00	03100	INTENSIVE CARE UNIT	8,790,364		8,790,364	0	8,790,364	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,675,120		7,675,120	0	7,675,120	50.00
51.00	05100	RECOVERY ROOM	670,486		670,486	0	670,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,997,581		3,997,581	0	3,997,581	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,444,099		6,444,099	0	6,444,099	54.00
54.02	03630	ULTRA SOUND	1,313,979		1,313,979	0	1,313,979	54.02
56.00	05600	RADIOISOTOPE	1,019,714		1,019,714	0	1,019,714	56.00
57.00	05700	CT SCAN	1,936,095		1,936,095	0	1,936,095	57.00
59.00	05900	CARDIAC CATHETERIZATION	611,562		611,562	0	611,562	59.00
60.00	06000	LABORATORY	7,110,925		7,110,925	0	7,110,925	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,227,370	0	3,227,370	0	3,227,370	65.00
66.00	06600	PHYSICAL THERAPY	1,033,528	0	1,033,528	0	1,033,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	706,886	0	706,886	0	706,886	67.00
68.00	06800	SPEECH PATHOLOGY	414,027	0	414,027	0	414,027	68.00
69.00	06900	ELECTROCARDIOLOGY	1,724,089		1,724,089	0	1,724,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	201,086		201,086	0	201,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,785,165		4,785,165	0	4,785,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,632,256		2,632,256	0	2,632,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,917,397		6,917,397	0	6,917,397	73.00
74.00	07400	RENAL DIALYSIS	1,069,848		1,069,848	0	1,069,848	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
91.00	09100	EMERGENCY	15,707,681		15,707,681	0	15,707,681	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	1,535,811		1,535,811	0	1,535,811	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,034,595		3,034,595		3,034,595	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
99.20	09921	OPT	0		0			99.20
99.30	09931	OOT	0		0			99.30
99.40	09941	OSP	0		0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	116,252,681	0	116,252,681	0	116,252,681	200.00
201.00		Less Observation Beds	3,034,595		3,034,595		3,034,595	201.00
202.00		Total (see instructions)	113,218,086	0	113,218,086	0	113,218,086	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 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	83,332,345		83,332,345		30.00
31.00	03100	INTENSIVE CARE UNIT	25,176,582		25,176,582		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,763,572	16,657,021	34,420,593	0.222980	50.00
51.00	05100	RECOVERY ROOM	2,219,043	2,032,020	4,251,063	0.157722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,910,708	1,096,917	7,007,625	0.570462	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,059,107	23,145,797	34,204,904	0.188397	54.00
54.02	03630	ULTRA SOUND	5,363,056	7,012,504	12,375,560	0.106175	54.02
56.00	05600	RADIOISOTOPE	2,959,310	1,854,712	4,814,022	0.211822	56.00
57.00	05700	CT SCAN	21,286,295	26,391,181	47,677,476	0.040608	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,840,608	361,178	2,201,786	0.277757	59.00
60.00	06000	LABORATORY	38,347,286	26,492,693	64,839,979	0.109669	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	23,487,201	1,207,165	24,694,366	0.130693	65.00
66.00	06600	PHYSICAL THERAPY	1,275,551	775,529	2,051,080	0.503895	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,990,177	417,728	2,407,905	0.293569	67.00
68.00	06800	SPEECH PATHOLOGY	1,112,334	233,205	1,345,539	0.307703	68.00
69.00	06900	ELECTROCARDIOLOGY	11,534,364	7,198,244	18,732,608	0.092037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	444,890	112,846	557,736	0.360540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,098,701	4,303,708	16,402,409	0.291736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,194,837	2,785,988	6,980,825	0.377069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,097,651	7,461,178	34,558,829	0.200163	73.00
74.00	07400	RENAL DIALYSIS	3,916,340	232,924	4,149,264	0.257840	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	35,592,012	76,044,911	111,636,923	0.140703	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	2,827,710	2,827,710	0.543129	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,765,868	6,816,774	8,582,642	0.353574	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
99.20	09921	OPT	0	0	0		99.20
99.30	09931	OOT	0	0	0		99.30
99.40	09941	OSP	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	339,767,838	215,461,933	555,229,771		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	339,767,838	215,461,933	555,229,771		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222980		50.00
51.00	05100	RECOVERY ROOM	0.157722		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.570462		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188397		54.00
54.02	03630	ULTRA SOUND	0.106175		54.02
56.00	05600	RADIOISOTOPE	0.211822		56.00
57.00	05700	CT SCAN	0.040608		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.277757		59.00
60.00	06000	LABORATORY	0.109669		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.130693		65.00
66.00	06600	PHYSICAL THERAPY	0.503895		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293569		67.00
68.00	06800	SPEECH PATHOLOGY	0.307703		68.00
69.00	06900	ELECTROCARDIOLOGY	0.092037		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360540		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291736		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377069		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200163		73.00
74.00	07400	RENAL DIALYSIS	0.257840		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
91.00	09100	EMERGENCY	0.140703		91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0.543129		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.353574		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
99.20	09921	OPT			99.20
99.30	09931	OOT			99.30
99.40	09941	OSP			99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,693,017		33,693,017	0	33,693,017	30.00
31.00	03100	INTENSIVE CARE UNIT	8,790,364		8,790,364	0	8,790,364	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,675,120		7,675,120	0	7,675,120	50.00
51.00	05100	RECOVERY ROOM	670,486		670,486	0	670,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,997,581		3,997,581	0	3,997,581	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,444,099		6,444,099	0	6,444,099	54.00
54.02	03630	ULTRA SOUND	1,313,979		1,313,979	0	1,313,979	54.02
56.00	05600	RADIOISOTOPE	1,019,714		1,019,714	0	1,019,714	56.00
57.00	05700	CT SCAN	1,936,095		1,936,095	0	1,936,095	57.00
59.00	05900	CARDIAC CATHETERIZATION	611,562		611,562	0	611,562	59.00
60.00	06000	LABORATORY	7,110,925		7,110,925	0	7,110,925	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,227,370	0	3,227,370	0	3,227,370	65.00
66.00	06600	PHYSICAL THERAPY	1,033,528	0	1,033,528	0	1,033,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	706,886	0	706,886	0	706,886	67.00
68.00	06800	SPEECH PATHOLOGY	414,027	0	414,027	0	414,027	68.00
69.00	06900	ELECTROCARDIOLOGY	1,724,089		1,724,089	0	1,724,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	201,086		201,086	0	201,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,785,165		4,785,165	0	4,785,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,632,256		2,632,256	0	2,632,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,917,397		6,917,397	0	6,917,397	73.00
74.00	07400	RENAL DIALYSIS	1,069,848		1,069,848	0	1,069,848	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
91.00	09100	EMERGENCY	15,707,681		15,707,681	0	15,707,681	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	1,535,811		1,535,811	0	1,535,811	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,034,595		3,034,595		3,034,595	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
99.20	09921	OPT	0		0			99.20
99.30	09931	OOT	0		0			99.30
99.40	09941	OSP	0		0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	116,252,681	0	116,252,681	0	116,252,681	200.00
201.00		Less Observation Beds	3,034,595		3,034,595		3,034,595	201.00
202.00		Total (see instructions)	113,218,086	0	113,218,086	0	113,218,086	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 am

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
41.00	04100	SUBPROVIDER - IRF			0			41.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.02	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.02	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	0	0	0.000000	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
99.20	09921	OPT	0	0	0			99.20	
99.30	09931	OOT	0	0	0			99.30	
99.40	09941	OSP	0	0	0			99.40	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.02	03630	ULTRA SOUND	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
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
91.00	09100	EMERGENCY	0.000000			91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
99.20	09921	OPT				99.20
99.30	09931	OOT				99.30
99.40	09941	OSP				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

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

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,675,120	796,925	6,878,195	0	0	50.00
51.00	05100	RECOVERY ROOM	670,486	36,571	633,915	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,997,581	412,694	3,584,887	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,444,099	1,744,555	4,699,544	0	0	54.00
54.02	03630	ULTRA SOUND	1,313,979	30,095	1,283,884	0	0	54.02
56.00	05600	RADIOISOTOPE	1,019,714	186,435	833,279	0	0	56.00
57.00	05700	CT SCAN	1,936,095	397,627	1,538,468	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	611,562	56,941	554,621	0	0	59.00
60.00	06000	LABORATORY	7,110,925	267,761	6,843,164	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,227,370	212,284	3,015,086	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,033,528	38,883	994,645	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	706,886	16,800	690,086	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	414,027	14,084	399,943	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,724,089	356,085	1,368,004	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	201,086	16,071	185,015	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,785,165	397,181	4,387,984	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,632,256	218,001	2,414,255	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,917,397	321,656	6,595,741	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,069,848	66,489	1,003,359	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
91.00	09100	EMERGENCY	15,707,681	703,154	15,004,527	0	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	1,535,811	92,830	1,442,981	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,034,595	123,872	2,910,723	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
99.20	09921	OPT	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	73,769,300	6,506,994	67,262,306	0	0	200.00
201.00		Less Observation Beds	3,034,595	123,872	2,910,723	0	0	201.00
202.00		Total (line 200 minus line 201)	70,734,705	6,383,122	64,351,583	0	0	202.00

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

Provider CCN: 14-0133

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

Worksheet C
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,675,120	34,420,593	0.222980		50.00
51.00	05100 RECOVERY ROOM	670,486	4,251,063	0.157722		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,997,581	7,007,625	0.570462		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,444,099	34,204,904	0.188397		54.00
54.02	03630 ULTRA SOUND	1,313,979	12,375,560	0.106175		54.02
56.00	05600 RADIOISOTOPE	1,019,714	4,814,022	0.211822		56.00
57.00	05700 CT SCAN	1,936,095	47,677,476	0.040608		57.00
59.00	05900 CARDIAC CATHETERIZATION	611,562	2,201,786	0.277757		59.00
60.00	06000 LABORATORY	7,110,925	64,839,979	0.109669		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	3,227,370	24,694,366	0.130693		65.00
66.00	06600 PHYSICAL THERAPY	1,033,528	2,051,080	0.503895		66.00
67.00	06700 OCCUPATIONAL THERAPY	706,886	2,407,905	0.293569		67.00
68.00	06800 SPEECH PATHOLOGY	414,027	1,345,539	0.307703		68.00
69.00	06900 ELECTROCARDIOLOGY	1,724,089	18,732,608	0.092037		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	201,086	557,736	0.360540		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,785,165	16,402,409	0.291736		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,632,256	6,980,825	0.377069		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,917,397	34,558,829	0.200163		73.00
74.00	07400 RENAL DIALYSIS	1,069,848	4,149,264	0.257840		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	15,707,681	111,636,923	0.140703		91.00
91.01	04950 BEHAVIORAL HEALTH @ CASIMIR	1,535,811	2,827,710	0.543129		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,034,595	8,582,642	0.353574		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
99.20	09921 OPT	0	0	0.000000		99.20
99.30	09931 OOT	0	0	0.000000		99.30
99.40	09941 OSP	0	0	0.000000		99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	73,769,300	446,720,844			200.00
201.00	Less Observation Beds	3,034,595	0			201.00
202.00	Total (line 200 minus line 201)	70,734,705	446,720,844			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 11:05 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,375,337	0	1,375,337	38,949	35.31	30.00
31.00	INTENSIVE CARE UNIT	403,337		403,337	4,577	88.12	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	0		0	550	0.00	43.00
200.00	Total (lines 30 through 199)	1,778,674		1,778,674	44,076		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	9,668	341,377				
31.00	INTENSIVE CARE UNIT	1,516	133,590				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	11,184	474,967				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 11:05 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	796,925	34,420,593	0.023153	5,522,209	127,856	50.00
51.00	05100 RECOVERY ROOM	36,571	4,251,063	0.008603	932,022	8,018	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	412,694	7,007,625	0.058892	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,744,555	34,204,904	0.051003	2,795,719	142,590	54.00
54.02	03630 ULTRA SOUND	30,095	12,375,560	0.002432	906,745	2,205	54.02
56.00	05600 RADIOISOTOPE	186,435	4,814,022	0.038727	1,025,396	39,711	56.00
57.00	05700 CT SCAN	397,627	47,677,476	0.008340	6,540,549	54,548	57.00
59.00	05900 CARDIAC CATHETERIZATION	56,941	2,201,786	0.025861	692,527	17,909	59.00
60.00	06000 LABORATORY	267,761	64,839,979	0.004130	13,224,454	54,617	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	212,284	24,694,366	0.008596	6,025,501	51,795	65.00
66.00	06600 PHYSICAL THERAPY	38,883	2,051,080	0.018957	451,377	8,557	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,800	2,407,905	0.006977	480,990	3,356	67.00
68.00	06800 SPEECH PATHOLOGY	14,084	1,345,539	0.010467	418,175	4,377	68.00
69.00	06900 ELECTROCARDIOLOGY	356,085	18,732,608	0.019009	4,619,336	87,809	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,071	557,736	0.028815	178,944	5,156	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	397,181	16,402,409	0.024215	3,773,946	91,386	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	218,001	6,980,825	0.031229	1,305,911	40,782	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	321,656	34,558,829	0.009307	8,604,885	80,086	73.00
74.00	07400 RENAL DIALYSIS	66,489	4,149,264	0.016024	1,704,617	27,315	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	703,154	111,636,923	0.006299	6,884,300	43,364	91.00
91.01	04950 BEHAVIORAL HEALTH @ CASIMIR	92,830	2,827,710	0.032829	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	123,872	8,582,642	0.014433	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	6,506,994	446,720,844		66,087,603	891,437	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 11:05 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	38,949	0.00	9,668	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	4,577	0.00	1,516	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY			0	550	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	44,076		11,184	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
41.00	04100	SUBPROVIDER - IRF		0						41.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 11:05 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 11:05 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	34,420,593	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	4,251,063	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	7,007,625	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	34,204,904	0.000000	54.00
54.02	03630	ULTRA SOUND		0	0	0	12,375,560	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	4,814,022	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	47,677,476	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	2,201,786	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	64,839,979	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	24,694,366	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	2,051,080	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,407,905	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,345,539	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	18,732,608	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	557,736	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	16,402,409	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	6,980,825	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	34,558,829	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,149,264	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	111,636,923	0.000000	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR		0	0	0	2,827,710	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	8,582,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)		0	0	0	446,720,844		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0133

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 11:05 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	5,522,209	0	7,079,426	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	932,022	0	651,802	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,795,719	0	1,991,087	0	54.00	
54.02	03630	ULTRA SOUND	0.000000	906,745	0	638,145	0	54.02	
56.00	05600	RADIOISOTOPE	0.000000	1,025,396	0	450,803	0	56.00	
57.00	05700	CT SCAN	0.000000	6,540,549	0	3,833,162	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	692,527	0	190,367	0	59.00	
60.00	06000	LABORATORY	0.000000	13,224,454	0	2,299,348	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	6,025,501	0	517,282	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	451,377	0	26,104	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	480,990	0	8,280	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	418,175	0	11,428	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,619,336	0	1,590,796	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	178,944	0	22,032	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,773,946	0	883,973	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,305,911	0	995,677	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,604,885	0	1,673,427	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	1,704,617	0	71,478	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	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.000000	6,884,300	0	5,698,891	0	91.00	
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0.000000	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	1,120,120	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
200.00		Total (lines 50 through 199)		66,087,603	0	29,753,628	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 11:05 am

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.222980	7,079,426	0	0	1,578,570	50.00	
51.00	05100 RECOVERY ROOM	0.157722	651,802	0	0	102,804	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.570462	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188397	1,991,087	0	0	375,115	54.00	
54.02	03630 ULTRA SOUND	0.106175	638,145	0	0	67,755	54.02	
56.00	05600 RADIOISOTOPE	0.211822	450,803	0	0	95,490	56.00	
57.00	05700 CT SCAN	0.040608	3,833,162	0	0	155,657	57.00	
59.00	05900 CARDIAC CATHETERIZATION	0.277757	190,367	0	0	52,876	59.00	
60.00	06000 LABORATORY	0.109669	2,299,348	0	0	252,167	60.00	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.130693	517,282	0	0	67,605	65.00	
66.00	06600 PHYSICAL THERAPY	0.503895	26,104	0	0	13,154	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.293569	8,280	0	0	2,431	67.00	
68.00	06800 SPEECH PATHOLOGY	0.307703	11,428	0	0	3,516	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.092037	1,590,796	0	0	146,412	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.360540	22,032	0	0	7,943	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291736	883,973	0	0	257,887	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.377069	995,677	0	0	375,439	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200163	1,673,427	0	0	334,958	73.00	
74.00	07400 RENAL DIALYSIS	0.257840	71,478	0	0	18,430	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	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.140703	5,698,891	0	0	801,851	91.00	
91.01	04950 BEHAVIORAL HEALTH @ CASIMIR	0.543129	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.353574	1,120,120	0	0	396,045	92.00	
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00	
200.00	Subtotal (see instructions)		29,753,628	0	0	5,106,105	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		29,753,628	0	0	5,106,105	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/25/2019 11:05 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
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.02	03630	ULTRA SOUND	0	0					54.02
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					62.30
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0					94.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		1,375,337	0	1,375,337	38,949	35.31	30.00
31.00	INTENSIVE CARE UNIT		403,337		403,337	4,577	88.12	31.00
41.00	SUBPROVIDER - IRF		0	0	0	0	0.00	41.00
43.00	NURSERY		0		0	550	0.00	43.00
200.00	Total (lines 30 through 199)		1,778,674		1,778,674	44,076		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		3,226	113,910				
31.00	INTENSIVE CARE UNIT		221	19,475				
41.00	SUBPROVIDER - IRF		0	0				
43.00	NURSERY		362	0				
200.00	Total (lines 30 through 199)		3,809	133,385				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XIX		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	796,925	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	36,571	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	412,694	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,744,555	0	0.000000	0	54.00
54.02	03630	ULTRA SOUND	30,095	0	0.000000	0	54.02
56.00	05600	RADIOISOTOPE	186,435	0	0.000000	0	56.00
57.00	05700	CT SCAN	397,627	0	0.000000	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	56,941	0	0.000000	0	59.00
60.00	06000	LABORATORY	267,761	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	212,284	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	38,883	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,800	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,084	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	356,085	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,071	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	397,181	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	218,001	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	321,656	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	66,489	0	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
91.00	09100	EMERGENCY	703,154	0	0.000000	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	92,830	0	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	123,872	0	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	94.00
200.00		Total (lines 50 through 199)	6,506,994	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 11:05 am	
					Title XIX		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	38,949	0.00	3,226	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	4,577	0.00	221	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY			0	550	0.00	362	43.00	
200.00		Total (lines 30 through 199)			0	44,076		3,809	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0					30.00	
31.00	03100	INTENSIVE CARE UNIT		0					31.00	
41.00	04100	SUBPROVIDER - IRF		0					41.00	
43.00	04300	NURSERY		0					43.00	
200.00		Total (lines 30 through 199)		0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician	Nursing School	Nursing School	Allied Health	Allied Health		
		Anesthetist Cost	Post-Stepdown Adjustments	Post-Stepdown Adjustments	Post-Stepdown Adjustments	Post-Stepdown Adjustments		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0133		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 11:05 am	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.02	03630	ULTRA SOUND		0	0	0	0	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR		0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
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: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	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	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	04950 BEHAVIORAL HEALTH @ CASIMIR	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			38,949	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			38,949	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)			35,441	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)			9,668	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)			33,693,017	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)			33,693,017	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)			33,693,017	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)			865.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,363,303	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)			8,363,303	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,790,364	4,577	1,920.55	1,516	2,911,554	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,625,225	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,900,082	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)					474,967	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					891,437	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,366,404	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,533,678	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)					3,508	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					865.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,034,595	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,375,337	33,693,017	0.040820	3,034,595	123,872	90.00
91.00 Nursing School cost	0	33,693,017	0.000000	3,034,595	0	91.00
92.00 Allied health cost	0	33,693,017	0.000000	3,034,595	0	92.00
93.00 All other Medical Education	0	33,693,017	0.000000	3,034,595	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

Title XIX		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	38,949	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,949	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)	35,441	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)	3,226	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)	550	15.00
16.00	Nursery days (title V or XIX only)	362	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)	33,693,017	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)	33,693,017	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)	33,693,017	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)	865.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,790,651	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)	2,790,651	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	550	0.00	362	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,790,364	4,577	1,920.55	221	424,442	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)						3,215,093 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)						133,385 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)						133,385 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,081,708 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)						3,508 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						865.05 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,034,595 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0133

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,375,337	33,693,017	0.040820	3,034,595	123,872
91.00	Nursing School cost	0	33,693,017	0.000000	3,034,595	0
92.00	Allied health cost	0	33,693,017	0.000000	3,034,595	0
93.00	All other Medical Education	0	33,693,017	0.000000	3,034,595	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 11:05 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,851,075	30.00
31.00	03100	INTENSIVE CARE UNIT		15,348,584	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	0.222980	5,522,209	50.00
51.00	05100	RECOVERY ROOM	0.157722	932,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.570462	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188397	2,795,719	54.00
54.02	03630	ULTRA SOUND	0.106175	906,745	54.02
56.00	05600	RADIOISOTOPE	0.211822	1,025,396	56.00
57.00	05700	CT SCAN	0.040608	6,540,549	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.277757	692,527	59.00
60.00	06000	LABORATORY	0.109669	13,224,454	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.130693	6,025,501	65.00
66.00	06600	PHYSICAL THERAPY	0.503895	451,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293569	480,990	67.00
68.00	06800	SPEECH PATHOLOGY	0.307703	418,175	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092037	4,619,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.360540	178,944	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291736	3,773,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.377069	1,305,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200163	8,604,885	73.00
74.00	07400	RENAL DIALYSIS	0.257840	1,704,617	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.140703	6,884,300	91.00
91.01	04950	BEHAVIORAL HEALTH @ CASIMIR	0.543129	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.353574	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		66,087,603	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)		66,087,603	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 11:05 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)			4,752,965	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,786,603	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)			87,995	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			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			211.39	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			13.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)			44.58	31.00
32.00	Sum of lines 30 and 31			58.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)			37.44	33.00
34.00	Disproportionate share adjustment (see instructions)			1,641,704	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 11:05 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)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000344338	0.000285676	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,330,030	2,363,361	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		587,296	1,767,664	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,354,960		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)		2,078		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)		371	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		371	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		17.85		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		2,202		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.847901		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		140,869		46.00
47.00	Subtotal (see instructions)		21,765,096		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)			21,765,096	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,608,296	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,373,392	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			23,373,392	61.00
62.00	Deductibles billed to program beneficiaries			1,782,368	62.00
63.00	Coinsurance billed to program beneficiaries			100,436	63.00
64.00	Allowable bad debts (see instructions)			1,995,894	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,297,331	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			896,276	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,787,919	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)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/25/2019 11:05 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)		22,787,919	71.00	
71.01	Sequestration adjustment (see instructions)		455,758	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		20,632,045	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)		1,700,116	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		766,491	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 11:05 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,106,105	2.00
3.00	OPPS payments		4,250,846	3.00
4.00	Outlier payment (see instructions)		23,849	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		4,274,695	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)		841,606	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)		3,433,089	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)		3,433,089	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,433,089	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)		762,264	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		495,472	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		432,638	36.00
37.00	Subtotal (see instructions)		3,928,561	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)		3,928,561	40.00
40.01	Sequestration adjustment (see instructions)		78,571	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,414,252	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		435,738	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: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 11:05 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		20,733,129		3,501,938	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	02/11/2019	101,084	02/11/2019	87,686	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)		-101,084		-87,686	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)		20,632,045		3,414,252	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,700,116		435,738	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		22,332,161		3,849,990	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

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

Provider CCN: 14-0133

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

Worksheet G

Date/Time Prepared:
11/25/2019 11:05 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	3,778,000	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	58,447,000	0	0	0	4.00
5.00	Other receivable	442,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,611,000	0	0	0	6.00
7.00	Inventory	1,722,000	0	0	0	7.00
8.00	Prepaid expenses	4,450,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,535,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	52,763,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,700,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	80,302,000	0	0	0	15.00
16.00	Accumulated depreciation	-28,989,000	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	31,550,000	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	84,563,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,630,000	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,630,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	155,956,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,856,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,797,000	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	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	28,454,000	0	0	0	43.00
44.00	Other current liabilities	3,866,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	44,973,000	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	17,184,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,184,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,157,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	93,775,000				52.00
53.00	Specific purpose fund		24,000			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	93,775,000	24,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	155,932,000	24,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0133

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 11:05 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		111,878,100		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-18,103,100				2.00
3.00	Total (sum of line 1 and line 2)		93,775,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		93,775,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		93,775,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0133

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 11:05 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,643,000		73,643,000	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,643,000		73,643,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,898,000		23,898,000	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)	23,898,000		23,898,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	97,541,000		97,541,000	17.00
18.00	Ancillary services	243,972,000	1	243,972,001	18.00
19.00	Outpatient services	0	215,728,000	215,728,000	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	341,513,000	215,728,001	557,241,001	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,216,101		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		122,216,101		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0133

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 11:05 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	557,241,001	1.00
2.00	Less contractual allowances and discounts on patients' accounts	428,748,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	128,493,001	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,216,101	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,276,900	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,000	6.00
7.00	Income from investments	564,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER OPERATING INCOME	2,239,000	24.00
25.00	Total other income (sum of lines 6-24)	2,808,000	25.00
26.00	Total (line 5 plus line 25)	9,084,900	26.00
27.00	BAD DEBT	27,188,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	27,188,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,103,100	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0133	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 11:05 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,424,073	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,217	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)		109.64	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		13.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		44.58	8.00
9.00	Sum of lines 7 and 8		58.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)		12.57	10.00
11.00	Disproportionate share adjustment (see instructions)		179,006	11.00
12.00	Total prospective capital payments (see instructions)		1,608,296	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