

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: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/28/2020 9:09 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/28/2020	Time: 9:09 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 MEMORIAL MEDICAL CENTER (14-0148) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) KATHRYN KEIM

Officer or Administrator of Provider(s)

SENIOR VICE PRESIDENT & CFO

Title

02/28/2020 09:09:06 AM

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	494,166	-405,944	0	0	1.00
2.00	Subprovider - IPF	0	124,930	0		0	2.00
3.00	Subprovider - IRF	0	51,265	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	670,361	-405,944	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: 14-0148		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 9:09 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 701 NORTH FIRST STREET			PO Box:				1.00		
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62781		County: SANGAMON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	O
4.00	Subprovider - IPF		MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	O
5.00	Subprovider - IRF		PSYCH UNIT							
			MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	O
			REHAB UNIT							
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018	09/30/2019		
21.00	Type of Control (see instructions)						2			
							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			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			
22.02	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			
22.03	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		
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			
				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.			3,739	2,464	0	27	11,916	155	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

Period:
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Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	394	171	0	0	648		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
<u>Prospective Payment System (PPS)-Capital</u>								
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
<u>Teaching Hospitals</u>								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						20.00	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

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From 10/01/2018
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Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		22.93	58.05	0.283156		64.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	7.69	8.97	0.461585	65.00
65.01		INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01
65.02		PEDIATRICS	2000	0.51	0.17	0.750000	65.02
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			26.60	94.92	0.218894	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	13.31	10.22	0.565661	67.00
67.01		INTERNAL MEDICINE	1400	11.22	40.50	0.216937	67.01
67.02		PEDIATRICS	2000	0.01	0.15	0.062500	67.02
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		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)				Y	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 9:09 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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	
						1.00	
						2.00	
						3.00	
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		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.	Y				5.00	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					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.	10/01/1966					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.	07/01/1999					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				14H058	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0148		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 9:09 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: MEMORIAL HEALTH SYSTEM		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131		141.00						
142.00	Street: 701 NORTH FIRST STREET		PO Box:				142.00						
143.00	City: SPRINGFIELD		State: IL		Zip Code: 62781		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.					N		N		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00			
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N		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		N	161.00		
								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.							Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00		169.00			
								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: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 9:09 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.	Y		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.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/11/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/28/2020 9:09 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.	BOB	URBANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138	URBANCE.BOB@MHSIL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:
From 10/01/2018
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Date/Time Prepared:
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		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 OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 9:09 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	342	124,982	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)		342	124,982	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	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)		390	142,502	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		456			0	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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 9:09 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)	41,008	3,139	91,062			1.00
2.00	HMO and other (see instructions)	19,331	14,428				2.00
3.00	HMO IPF Subprovider	722	3,041				3.00
4.00	HMO IRF Subprovider	747	819				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)	41,008	3,139	91,062			7.00
8.00	INTENSIVE CARE UNIT	4,692	144	10,809			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	858	62	2,085			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		373	2,863			13.00
14.00	Total (see instructions)	46,558	3,718	106,819	190.12	3,243.54	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,989	939	9,851	7.98	66.34	16.00
17.00	SUBPROVIDER - IRF	3,178	394	6,606	0.59	32.58	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)			204			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				198.69	3,342.46	27.00
28.00	Observation Bed Days		0	2,784			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,624			30.00
31.00	Employee discount days - IRF			56			31.00
32.00	Labor & delivery days (see instructions)	0	155	396			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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 9:09 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	8,872	864	21,681	1.00
2.00 HMO and other (see instructions)			3,560	3,193		2.00
3.00 HMO IPF Subprovider				462		3.00
4.00 HMO IRF Subprovider				64		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	8,872	864	21,681	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	274	129	1,261	16.00
17.00 SUBPROVIDER - IRF	0.00	0	250	27	524	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 9:09 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	227,217,450	-7,083,039	220,134,411	7,218,609.00	30.50	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		12,600,289	0	12,600,289	146,905.00	85.77	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		1,834,420	0	1,834,420	40,758.00	45.01	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	9,399,862	499	9,400,361	344,621.00	27.28	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,853,843	236,064	7,089,907	239,687.00	29.58	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,062,328	0	7,062,328	100,050.00	70.59	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,943,905	0	3,943,905	18,513.00	213.03	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		21,470,176	0	21,470,176	412,787.00	52.01	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		176,939	0	176,939	1,505.00	117.57	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		42,206,143	0	42,206,143			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,747,333	0	1,747,333			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		1,972,030	0	1,972,030			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		271,024	0	271,024			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,754,759	0	1,754,759			25.00
25.50	Home office wage-related (core)		4,939,877	0	4,939,877			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		58,980	0	58,980			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	6,427,422	-2,771,381	3,656,041	129,323.80	28.27	26.00
27.00	Administrative & General	5.00	27,784,455	-268,010	27,516,445	942,505.22	29.20	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
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		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	
28.00	Administrative & General under contract (see inst.)		912,788	0	912,788	5,224.00	174.73	28.00
29.00	Maintenance & Repairs	6.00	6,182,773	98,392	6,281,165	199,773.97	31.44	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	146,267	1,748	148,015	10,735.73	13.79	31.00
32.00	Housekeeping	9.00	4,558,496	94,851	4,653,347	306,040.81	15.20	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,959,955	-2,725,828	1,234,127	78,539.58	15.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	98,303	2,797,483	2,895,786	194,928.12	14.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,035,922	121,642	3,157,564	83,615.29	37.76	38.00
39.00	Central Services and Supply	14.00	2,445,293	31,644	2,476,937	143,679.89	17.24	39.00
40.00	Pharmacy	15.00	7,889,996	-118,785	7,771,211	172,869.95	44.95	40.00
41.00	Medical Records & Medical Records Library	16.00	3,769,624	-143,690	3,625,934	166,032.40	21.84	41.00
42.00	Social Service	17.00	0	752,807	752,807	30,787.36	24.45	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/28/2020 9:09 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)	204,295,667	-7,083,538	197,212,129	6,691,549.00	29.47	1.00
2.00	Excluded area salaries (see instructions)	6,853,843	236,064	7,089,907	239,687.00	29.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	197,441,824	-7,319,602	190,122,222	6,451,862.00	29.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,476,409	0	32,476,409	531,350.00	61.12	4.00
5.00	Subtotal wage-related costs (see inst.)	47,146,020	0	47,146,020	0.00	24.80	5.00
6.00	Total (sum of lines 3 thru 5)	277,064,253	-7,319,602	269,744,651	6,983,212.00	38.63	6.00
7.00	Total overhead cost (see instructions)	67,211,294	-2,129,127	65,082,167	2,464,056.12	26.41	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
2/28/2020 9:09 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	13,432,283	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	1,597,126	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)	9,866,434	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	6,786,465	9.00
10.00	Dental, Hearing and Vision Plan	2,750,733	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	259,739	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)	326,116	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	807,610	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	15,615,327	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	232,520	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	231,501	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	51,905,854	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
2/28/2020 9:09 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	7,073,443	47,706,711	1.00
2.00	Hospital	7,062,328	46,206,143	2.00
3.00	Subprovider - IPF	0	1,013,267	3.00
4.00	Subprovider - IRF	11,115	487,301	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0148

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

Worksheet S-10

Date/Time Prepared:
2/28/2020 9:09 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)		0.211088	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		83,911,069	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		401,376,459	6.00
7.00	Medicaid cost (line 1 times line 6)		84,725,754	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)		814,685	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)		814,685	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,472,665	2,319,446	27,792,111
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,376,974	2,319,446	7,696,420
22.00	Payments received from patients for amounts previously written off as charity care	161,479	26,872	188,351
23.00	Cost of charity care (line 21 minus line 22)	5,215,495	2,292,574	7,508,069
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,810,105	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,448,996	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,767,685	27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,042,420	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,805,259	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,313,328	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,128,013	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati 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		20,530,985	20,530,985	8,282,604	28,813,589	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,427,422	42,669,590	49,097,012	-2,713,774	46,383,238	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,784,455	162,332,521	190,116,976	-1,024,500	189,092,476	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,182,773	13,605,304	19,788,077	98,392	19,886,469	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	146,267	3,489,537	3,635,804	1,748	3,637,552	8.00
9.00	00900	HOUSEKEEPING	4,558,496	2,250,943	6,809,439	94,851	6,904,290	9.00
10.00	01000	DIETARY	3,959,955	3,689,141	7,649,096	-5,329,255	2,319,841	10.00
11.00	01100	CAFETERIA	98,303	103,425	201,728	5,400,910	5,602,638	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,035,922	-241,926	2,793,996	136,884	2,930,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,445,293	2,121,840	4,567,133	31,644	4,598,777	14.00
15.00	01500	PHARMACY	7,889,996	29,870,688	37,760,684	-27,524,055	10,236,629	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,769,624	1,031,308	4,800,932	81,006	4,881,938	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	978,139	978,139	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,399,862	0	9,399,862	499	9,400,361	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,427,626	1,427,626	0	1,427,626	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	20,601	20,601	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	98,588	24,030	122,618	128,371	250,989	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,914,174	7,172,349	42,086,523	1,464,609	43,551,132	30.00
31.00	03100	INTENSIVE CARE UNIT	7,851,586	4,231,606	12,083,192	-17,382	12,065,810	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,307,721	381,868	1,689,589	-12,684	1,676,905	33.00
40.00	04000	SUBPROVIDER - IPF	4,085,665	629,044	4,714,709	-2,331	4,712,378	40.00
41.00	04100	SUBPROVIDER - IRF	1,919,826	246,252	2,166,078	26,799	2,192,877	41.00
43.00	04300	NURSERY	3,926,665	1,165,314	5,091,979	-4,043,303	1,048,676	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,880,076	46,459,444	65,339,520	-21,419,746	43,919,774	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,609,483	2,609,483	52.00
53.00	05300	ANESTHESIOLOGY	14,072,048	8,328,277	22,400,325	94,553	22,494,878	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,709,469	10,438,406	19,147,875	-936,436	18,211,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,967,518	1,522,445	3,489,963	-168,483	3,321,480	55.00
57.00	05700	CT SCAN	1,311,716	1,990,290	3,302,006	9,238	3,311,244	57.00
58.00	05800	MRI	706,186	735,970	1,442,156	5,891	1,448,047	58.00
60.00	06000	LABORATORY	9,325,709	15,203,360	24,529,069	120,163	24,649,232	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	493,628	2,694,639	3,188,267	3,496	3,191,763	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,928,291	1,629,929	5,558,220	45,938	5,604,158	65.00
66.00	06600	PHYSICAL THERAPY	8,038,747	1,281,753	9,320,500	95,489	9,415,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,713,211	134,017	1,847,228	18,160	1,865,388	67.00
68.00	06800	SPEECH PATHOLOGY	803,820	73,835	877,655	10,655	888,310	68.00
69.00	06900	ELECTROCARDIOLOGY	7,082,892	19,211,768	26,294,660	-8,846,798	17,447,862	69.00
69.01	03340	GI UNIT	1,761,957	2,388,255	4,150,212	-63,536	4,086,676	69.01
69.02	03650	VASCULAR LAB	940,714	564,906	1,505,620	4,494	1,510,114	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	767,380	380,425	1,147,805	2,128	1,149,933	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	375,397	1,203,144	1,578,541	376,608	1,955,149	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	33,242,798	33,242,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,479,028	27,479,028	73.00
73.01	03640	RENAL TXPLANT LAB	171,285	317,056	488,341	1,498	489,839	73.01
74.00	07400	RENAL DIALYSIS	1,137,808	529,561	1,667,369	-353,028	1,314,341	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,425,956	4,477,605	6,903,561	-1,200,939	5,702,622	75.00
76.97	07697	CARDIAC REHABILITATION	1,131,453	203,885	1,335,338	8,489	1,343,827	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,919,832	8,582,735	19,502,567	-120,901	19,381,666	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	367,051	1,289,373	1,656,424	1,997	1,658,421	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE		9,142,093	9,142,093	-9,109,073	33,020	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	226,834,737	435,514,616	662,349,353	-2,009,061	660,340,292	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	207	14	221	0	221	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	715	715	20,197	20,912	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,468	5,468	1,985,615	1,991,083	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	27,932	184,590	212,522	0	212,522	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	253	253	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	259	259	0	259	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	354,574	127,277	481,851	2,996	484,847	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	227,217,450	435,832,939	663,050,389	0	663,050,389	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,779,614	32,593,203	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,909,150	36,474,088	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-93,343,902	95,748,574	5.00
6.00	00600	MAINTENANCE & REPAIRS	216,226	20,102,695	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,637,552	8.00
9.00	00900	HOUSEKEEPING	-140,606	6,763,684	9.00
10.00	01000	DIETARY	-288,050	2,031,791	10.00
11.00	01100	CAFETERIA	0	5,602,638	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,930,880	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,598,777	14.00
15.00	01500	PHARMACY	-2,000	10,234,629	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	71,065	4,953,003	16.00
17.00	01700	SOCIAL SERVICE	0	978,139	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-588,794	8,811,567	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-4,263,755	-2,836,129	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	20,601	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	250,989	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-196,529	43,354,603	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,116,431	9,949,379	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-49,011	1,627,894	33.00
40.00	04000	SUBPROVIDER - IPF	-20,439	4,691,939	40.00
41.00	04100	SUBPROVIDER - IRF	-1,849	2,191,028	41.00
43.00	04300	NURSERY	-26,987	1,021,689	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,931,831	41,987,943	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,609,483	52.00
53.00	05300	ANESTHESIOLOGY	-18,108,204	4,386,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-350,871	17,860,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-5,217	3,316,263	55.00
57.00	05700	CT SCAN	0	3,311,244	57.00
58.00	05800	MRI	35,428	1,483,475	58.00
60.00	06000	LABORATORY	-932,693	23,716,539	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,191,763	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-69,161	5,534,997	65.00
66.00	06600	PHYSICAL THERAPY	-491,325	8,924,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,263	1,884,651	67.00
68.00	06800	SPEECH PATHOLOGY	0	888,310	68.00
69.00	06900	ELECTROCARDIOLOGY	-194,167	17,253,695	69.00
69.01	03340	GI UNIT	-20,879	4,065,797	69.01
69.02	03650	VASCULAR LAB	-14,525	1,495,589	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-79,544	1,070,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-678	1,954,471	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	33,242,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,479,028	73.00
73.01	03640	RENAL TXPLANT LAB	-4,689	485,150	73.01
74.00	07400	RENAL DIALYSIS	-11,282	1,303,059	74.00
75.00	07500	ASC (NON-DISTINCT PART)	794,060	6,496,682	75.00
76.97	07697	CARDIAC REHABILITATION	-41,142	1,302,685	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-365,336	19,016,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-116,685	1,541,736	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-33,020	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-128,803,096	531,537,196	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	221	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,912	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	1,991,083	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	212,522	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	253	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	259	192.09
192.10	19209	AUDIOLOGY	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	484,847	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-128,803,096	534,247,293	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 9:09 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Lease Reclass					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	1,237,956		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	1,237,956		
	B - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00		27,396,183		1.00
2.00			0	27,396,183		2.00
	C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,109,073		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	9,109,073		
	D - Social Service Non-Salary Costs					
1.00	SOCIAL SERVICE	17.00	752,807	225,332		1.00
2.00		0.00	0	0		2.00
	TOTALS		752,807	225,332		
	E - Renal Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		367,819		1.00
2.00			0	367,819		2.00
	F - Cafe/Dietary Reclass					
1.00	CAFETERIA	11.00	2,794,540	2,603,427		1.00
2.00		0.00	0	0		2.00
	TOTALS		2,794,540	2,603,427		
	G - FMS Reclass Other Costs					
1.00	ADULTS & PEDIATRICS	30.00	1,031,535	295,689		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,028,122	581,361		2.00
3.00		0.00	0	0		3.00
	TOTALS		3,059,657	877,050		
	H - Contract Labor					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		57,607		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		1,810		2.00
3.00	NURSING ADMINISTRATION	13.00		15,242		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00		224,696		4.00
5.00	ADULTS & PEDIATRICS	30.00		4,130,360		5.00
6.00	INTENSIVE CARE UNIT	31.00		44,685		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00		3,250		7.00
8.00	SUBPROVIDER - IRF	41.00		11,115		8.00
9.00	NURSERY	43.00		107,409		9.00
10.00	OPERATING ROOM	50.00		483,086		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		373,564		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00		84,688		12.00
13.00	CT SCAN	57.00		168,732		13.00
14.00	LABORATORY	60.00		89,455		14.00
15.00	PHYSICAL THERAPY	66.00		9,595		15.00
16.00	ELECTROCARDIOLOGY	69.00		791,300		16.00
17.00	VASCULAR LAB	69.02		123,975		17.00
18.00	EMERGENCY	91.00		362,470		18.00
			0	7,083,039		
	I - Kinetic Bed Reclass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		5,134		1.00
2.00			0	5,134		2.00
	J - Building Insurance Reclass					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	411,487		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	411,487		
	K - Observation Reclass					
1.00	ADULTS & PEDIATRICS	30.00	29,520	13,605		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		29,520	13,605		
	M - Implantable Devices					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00		33,242,798		1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 9:09 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
			0	33,242,798	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	747,659	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		0	747,659	
O - Affiliate Accounting Reclass					
1.00	VNA OF CENTRAL IL	192.06		253	1.00
2.00					2.00
			0	253	
Q - Management Incentive Program					
1.00					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	290,861		2.00
3.00	MAINTENANCE & REPAIRS	6.00	50,454		3.00
4.00	HOUSEKEEPING	9.00	29,935		4.00
5.00	DIETARY	10.00	19,026		5.00
6.00	CAFETERIA	11.00	1,445		6.00
7.00	NURSING ADMINISTRATION	13.00	100,431		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	4,429		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	45,053		9.00
10.00	ADULTS & PEDIATRICS	30.00	90,361		10.00
11.00	INTENSIVE CARE UNIT	31.00	19,570		11.00
12.00	SUBPROVIDER - IPF	40.00	29,025		12.00
13.00	SUBPROVIDER - IRF	41.00	8,822		13.00
14.00	NURSERY	43.00	19,028		14.00
15.00	OPERATING ROOM	50.00	90,678		15.00
16.00	ANESTHESIOLOGY	53.00	66,981		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	42,092		17.00
18.00	LABORATORY	60.00	44,761		18.00
19.00	RESPIRATORY THERAPY	65.00	14,045		19.00
20.00	PHYSICAL THERAPY	66.00	50,330		20.00
21.00	OCCUPATIONAL THERAPY	67.00	7,424		21.00
22.00	SPEECH PATHOLOGY	68.00	6,910		22.00
23.00	ELECTROCARDIOLOGY	69.00	46,921		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	13,506		24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3,488		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	46,392		26.00
27.00	RENAL DIALYSIS	74.00	8,549		27.00
28.00	ASC (NON-DISTINCT PART)	75.00	12,755		28.00
29.00	EMERGENCY	91.00	25,007		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,959		30.00
			1,199,238	0	
R - Success Sharing Program					
1.00					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	195,746		2.00
3.00	MAINTENANCE & REPAIRS	6.00	47,938		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,748		4.00
5.00	HOUSEKEEPING	9.00	64,916		5.00
6.00	DIETARY	10.00	49,686		6.00
7.00	CAFETERIA	11.00	1,498		7.00
8.00	NURSING ADMINISTRATION	13.00	36,453		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	27,215		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	35,953		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	499		11.00
12.00	PARAMED ED PRGM-(PHARMACY)	23.01	499		12.00
13.00	ADULTS & PEDIATRICS	30.00	233,198		13.00
14.00	INTENSIVE CARE UNIT	31.00	57,675		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	8,988		15.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 9:09 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	SUBPROVIDER - IPF	40.00	27,964		16.00
17.00	SUBPROVIDER - IRF	41.00	17,977		17.00
18.00	NURSERY	43.00	31,709		18.00
19.00	OPERATING ROOM	50.00	121,842		19.00
20.00	ANESTHESIOLOGY	53.00	28,213		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	67,413		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	13,732		22.00
23.00	CT SCAN	57.00	9,238		23.00
24.00	MRI	58.00	5,992		24.00
25.00	LABORATORY	60.00	75,402		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	3,496		26.00
27.00	RESPIRATORY THERAPY	65.00	32,957		27.00
28.00	PHYSICAL THERAPY	66.00	54,929		28.00
29.00	OCCUPATIONAL THERAPY	67.00	10,736		29.00
30.00	SPEECH PATHOLOGY	68.00	3,745		30.00
31.00	ELECTROCARDIOLOGY	69.00	45,940		31.00
32.00	GI UNIT	69.01	12,983		32.00
33.00	VASCULAR LAB	69.02	4,494		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	4,245		34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	999		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	36,453		36.00
37.00	RENAL TXPLANT LAB	73.01	1,498		37.00
38.00	RENAL DIALYSIS	74.00	6,242		38.00
39.00	ASC (NON-DISTINCT PART)	75.00	19,724		39.00
40.00	CARDIAC REHABILITATION	76.97	8,489		40.00
41.00	EMERGENCY	91.00	91,881		41.00
42.00	KIDNEY ACQUISITION	105.00	1,997		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	9,238		43.00
44.00	SOUTH6TH AND N.DIRKSON RADIOLOGY	192.11	2,996		44.00
			1,514,536	0	
S - EMS Coordinator Reclass Salary					
1.00	PARAMED ED PRGM-(EMS)	23.00	19,137	1,464	1.00
2.00		0.00	0	0	2.00
	TOTALS		19,137	1,464	
T - PHARMACY RESIDENCY RECLASS OTHER					
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	118,785	9,087	1.00
2.00		0.00	0	0	2.00
	TOTALS		118,785	9,087	
500.00	Grand Total: Increases		9,488,220	83,331,366	500.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 9:09 am

	Decreases							2/28/2020 9:09 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - Lease Reclass							
1.00		0.00	0	0	0			1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,237,956	10			2.00
	TOTALS		0	1,237,956				
	B - Drugs Charged to Patients							
1.00								1.00
2.00	PHARMACY	15.00		27,396,183				2.00
			0	27,396,183				
	C - Interest Expense							
1.00		0.00	0	0	11			1.00
2.00	INTEREST EXPENSE	113.00	0	9,109,073	0			2.00
	TOTALS		0	9,109,073				
	D - Social Service Non-Salary Costs							
1.00		0.00	0	0	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	752,807	225,332	0			2.00
	TOTALS		752,807	225,332				
	E - Renal Medical Supplies							
1.00								1.00
2.00	RENAL DIALYSIS	74.00		367,819				2.00
			0	367,819				
	F - Cafe/Dietary Reclass							
1.00		0.00	0	0	0			1.00
2.00	DIETARY	10.00	2,794,540	2,603,427	0			2.00
	TOTALS		2,794,540	2,603,427				
	G - FMS Reclass Other Costs							
1.00		0.00	0	0	0			1.00
2.00		0.00	0	0	0			2.00
3.00	NURSERY	43.00	3,059,657	877,050	0			3.00
	TOTALS		3,059,657	877,050				
	H - Contract Labor							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	57,607					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,810					2.00
3.00	NURSING ADMINISTRATION	13.00	15,242					3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	224,696					4.00
5.00	ADULTS & PEDIATRICS	30.00	4,130,360					5.00
6.00	INTENSIVE CARE UNIT	31.00	44,685					6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	3,250					7.00
8.00	SUBPROVIDER - IRF	41.00	11,115					8.00
9.00	NURSERY	43.00	107,409					9.00
10.00	OPERATING ROOM	50.00	483,086					10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	373,564					11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	84,688					12.00
13.00	CT SCAN	57.00	168,732					13.00
14.00	LABORATORY	60.00	89,455					14.00
15.00	PHYSICAL THERAPY	66.00	9,595					15.00
16.00	ELECTROCARDIOLOGY	69.00	791,300					16.00
17.00	VASCULAR LAB	69.02	123,975					17.00
18.00	EMERGENCY	91.00	362,470					18.00
			7,083,039	0				
	I - Kinetic Bed Reclass							
1.00								1.00
2.00	ADULTS & PEDIATRICS	30.00		5,134				2.00
			0	5,134				
	J - Building Insurance Reclass							
1.00		0.00	0	0	12			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	411,487	0			2.00
	TOTALS		0	411,487				
	K - Observation Reclass							
1.00		0.00	0	0	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	20,307	10,945	0			2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	8,993	2,626	0			3.00
4.00	SUBPROVIDER - IPF	40.00	220	34	0			4.00
	TOTALS		29,520	13,605				
	M - Implantable Devices							
1.00								1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		190				2.00
3.00	NURSERY	43.00		157,333				3.00
4.00	OPERATING ROOM	50.00		21,628,066				4.00
5.00	ANESTHESIOLOGY	53.00		641				5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		1,045,941				6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00		182,215				7.00
8.00	MRI	58.00		101				8.00
9.00	RESPIRATORY THERAPY	65.00		1,064				9.00
10.00	ELECTROCARDIOLOGY	69.00		8,916,478				10.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	GI UNIT	69.01		76,519			11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		832			12.00
13.00	ASC (NON-DISTINCT PART)	75.00		1,233,418			13.00
			0	33,242,798			
N - SIU Purchased Service Support							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	121,038	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	224,165	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	63,375	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	10,053	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	59,066	0		6.00
7.00	OPERATING ROOM	50.00	0	4,200	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	9,770	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	23,181	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,623	0		10.00
11.00	EMERGENCY	91.00	0	217,188	0		11.00
	TOTALS		0	747,659			
O - Affiliate Accounting Reclass							
1.00							1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		253			2.00
			0	253			
Q - Management Incentive Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,199,238				1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00							20.00
21.00							21.00
22.00							22.00
23.00							23.00
24.00							24.00
25.00							25.00
26.00							26.00
27.00							27.00
28.00							28.00
29.00							29.00
30.00							30.00
			1,199,238	0			
R - Success Sharing Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,514,536				1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00
34.00						34.00
35.00						35.00
36.00						36.00
37.00						37.00
38.00						38.00
39.00						39.00
40.00						40.00
41.00						41.00
42.00						42.00
43.00						43.00
44.00						44.00
			1,514,536	0		
	S - EMS Coordinator Reclass Salary					
1.00		0.00	0	0	0	1.00
2.00	EMERGENCY	91.00	19,137	1,464	0	2.00
	TOTALS		19,137	1,464		
	T - PHARMACY RESIDENCY RECLASS OTHER					
1.00		0.00	0	0	0	1.00
2.00	PHARMACY	15.00	118,785	9,087	0	2.00
	TOTALS		118,785	9,087		
500.00	Grand Total: Decreases		16,571,259	76,248,327		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/28/2020 9:09 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	22,291,150	0	0	0	0	1.00	
2.00	Land Improvements	2,718,990	0	0	0	0	2.00	
3.00	Buildings and Fixtures	214,497,841	2,515,753	0	2,515,753	173,681	3.00	
4.00	Building Improvements	14,375,015	522,833	0	522,833	0	4.00	
5.00	Fixed Equipment	40,926,284	4,238,116	0	4,238,116	1,685,389	5.00	
6.00	Movable Equipment	32,226,706	9,864,231	0	9,864,231	14,484	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	327,035,986	17,140,933	0	17,140,933	1,873,554	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	327,035,986	17,140,933	0	17,140,933	1,873,554	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	22,291,150	0					1.00
2.00	Land Improvements	2,718,990	0					
3.00	Buildings and Fixtures	216,839,913	0					
4.00	Building Improvements	14,897,848	0					4.00
5.00	Fixed Equipment	43,479,011	0					
6.00	Movable Equipment	42,076,453	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	342,303,365	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	342,303,365	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/28/2020 9:09 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	20,530,985	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,530,985	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	20,530,985				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	20,530,985				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	409,147,443	0	409,147,443	0.677100	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	195,116,985	0	195,116,985	0.322900	0	2.00
3.00	Total (sum of lines 1-2)	604,264,428	0	604,264,428	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	24,325,228	-1,237,956	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,325,228	-1,237,956	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	9,094,444	411,487	0	0	32,593,203	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,094,444	411,487	0	0	32,593,203	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 9:09 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				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	-60,137,918			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	-10,784,038			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-233,794	DIETARY	10.00	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	B	-54,256	DIETARY	10.00	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	Misc. Income	B	-198,048	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	Misc. Income	B	-367,366	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02	Misc. Income	B	-137,128	MAINTENANCE & REPAIRS		6.00	0 33.02
33.03	Misc. Income	B	-167,067	HOUSEKEEPING		9.00	0 33.03
33.04	Misc. Income	B	-2,000	PHARMACY		15.00	0 33.04
33.05	Misc. Income	B	-148,603	MEDICAL RECORDS & LIBRARY		16.00	0 33.05
33.06	Misc. Income	B	-588,794	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.06
33.07	Misc. Income	B	-9,179	ADULTS & PEDIATRICS		30.00	0 33.07
33.08	Misc. Income	B	-76,621	OPERATING ROOM		50.00	0 33.08
33.09	Misc. Income	B	-26	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10	Misc. Income	B	-933	RADIOLOGY-THERAPEUTIC		55.00	0 33.10
33.11	Misc. Income	B	-308,574	LABORATORY		60.00	0 33.11
33.12	Misc. Income	B	-219,604	PHYSICAL THERAPY		66.00	0 33.12
33.13	Misc. Income	B	-9,233	ELECTROCARDIOLOGY		69.00	0 33.13
33.14	Misc. Income	B	-2,963	ELECTROENCEPHALOGRAPHY		70.00	0 33.14
33.15	Misc. Income	B	-113	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 33.15
33.16	Misc. Income	B	-17,689	CARDIAC REHABILITATION		76.97	0 33.16
33.17	Misc. Income	B	-10,615	EMERGENCY		91.00	0 33.17
37.00	Dietary Sales	B	-4,263,755	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 37.00
37.01	Autopsy Reimbursement	B	-5,419	LABORATORY		60.00	0 37.01
37.02	Prompt Pay Interest Penalty	B	-972,067	ADMINISTRATIVE & GENERAL		5.00	0 37.02
37.03	Child Care Income	B	-1,205,053	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.04	Gain loss on Disposal	B	-4,463	ADMINISTRATIVE & GENERAL		5.00	0 37.04
38.01	Rental Income	B	-142,359	ADMINISTRATIVE & GENERAL		5.00	0 38.01
38.02	Rental Income	B	-38,446	PHYSICAL THERAPY		66.00	0 38.02
38.04	CRNA Offset	A	-12,505,095	ANESTHESIOLOGY		53.00	0 38.04
38.05	CRNA FICA	A	-629,681	ANESTHESIOLOGY		53.00	0 38.05
38.06	CRNA Benefits	A	-1,943,244	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-95,194	ANESTHESIOLOGY		53.00	0 38.07
38.08	Real Estate Taxes	A	-21,253	ADMINISTRATIVE & GENERAL		5.00	0 38.08
38.09	IL Retailers Tax	A	56	ADMINISTRATIVE & GENERAL		5.00	0 38.09
38.11	Interest Expenses	A	-14,629	CAP REL COSTS-BLDG & FIXT		1.00	11 38.11
38.17	Work Compensation	A	-35,718	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.17
38.22	Ambulance Offset	A	-1,163	SUBPROVIDER - IPF		40.00	0 38.22
38.23	Ambulance Offset	A	-251,264	EMERGENCY		91.00	0 38.23
38.30	Legal Fees	A	-7,400	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.30
38.31	Legal Fees	A	-50	ADMINISTRATIVE & GENERAL		5.00	0 38.31
39.00	Self Insurance Malpractice	A	501,486	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00	Self Insurance Health	A	-6,100,770	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 40.00
41.00	Pension Cost	A	-19,323	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 41.00
42.00	Advertising Expense	A	-694,703	ADMINISTRATIVE & GENERAL		5.00	0 42.00
42.01	Advertising Expense	A	-5,815	PHYSICAL THERAPY		66.00	0 42.01
42.02	Advertising Expense	A	-53	ELECTROCARDIOLOGY		69.00	0 42.02
42.03	Advertising Expense	A	-565	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0 42.03
42.04	Advertising Expense	A	-295	EMERGENCY		91.00	0 42.04
43.00	Post Judgement Interest	B	-30,249	ADMINISTRATIVE & GENERAL		5.00	0 43.00
44.00	Hospital Mutual Assistance Program / MCO HAP Admin Fee	A	-5,677	ADMINISTRATIVE & GENERAL		5.00	0 44.00
46.00	Operating Released	B	-24,925	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.00
46.01	Operating Released	B	-167,870	ADMINISTRATIVE & GENERAL		5.00	0 46.01
46.03	Deferred Comp Interest/Dividends	B	-33,020	INTEREST EXPENSE		113.00	0 46.03
46.04	Medical Director	A	2,923	ADMINISTRATIVE & GENERAL		5.00	0 46.04
46.05	Medical Director	A	1,450	ADMINISTRATIVE & GENERAL		5.00	0 46.05
46.06	Medical Director	A	6,698	ADMINISTRATIVE & GENERAL		5.00	0 46.06
46.07	Medical Director	A	5,250	ADULTS & PEDIATRICS		30.00	0 46.07
46.08	Medical Director	A	3,862	ADULTS & PEDIATRICS		30.00	0 46.08
46.09	Medical Director	A	3,000	ADULTS & PEDIATRICS		30.00	0 46.09
46.10	Medical Director	A	508	ADULTS & PEDIATRICS		30.00	0 46.10
46.11	Medical Director	A	192	BURN INTENSIVE CARE UNIT		33.00	0 46.11
46.12	Medical Director	A	3,000	OPERATING ROOM		50.00	0 46.12
46.13	Medical Director	A	5,790	RESPIRATORY THERAPY		65.00	0 46.13
46.14	Medical Director	A	18,341	PHYSICAL THERAPY		66.00	0 46.14
46.15	Medical Director	A	4,132	ELECTROCARDIOLOGY		69.00	0 46.15
46.16	Medical Director	A	2,250	ELECTROCARDIOLOGY		69.00	0 46.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 9:09 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	
46.17	Medical Director	A	1,830	ELECTROCARDIOLOGY	69.00	0	46.17
46.18	Medical Director	A	9,609	GI UNIT	69.01	0	46.18
46.19	Medical Director	A	2,046	RENAL TXPLANT LAB	73.01	0	46.19
46.20	Non-Personal Donations	A	-633,726	ADMINISTRATIVE & GENERAL	5.00	0	46.20
46.21	Non-Personal Donations	A	-123	BURN INTENSIVE CARE UNIT	33.00	0	46.21
46.22	Non-Personal Donations	A	-11,629	RADIOLOGY-DIAGNOSTIC	54.00	0	46.22
46.23	Non-Personal Donations	A	-2,724	PHYSICAL THERAPY	66.00	0	46.23
46.24	Non-Personal Donations	A	-5,000	ELECTROCARDIOLOGY	69.00	0	46.24
46.25	Non-Personal Donations	A	-10,398	KIDNEY ACQUISITION	105.00	0	46.25
46.30	Restricted Grant Income	B	-24,925	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.30
46.31	Restricted Grant Income	B	-222,193	ADMINISTRATIVE & GENERAL	5.00	0	46.31
47.00	A&G Patient Revenue Offset	B	-354,501	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	Illinois Provider Assessment Expense	A	-22,286,569	ADMINISTRATIVE & GENERAL	5.00	0	48.00
49.00	Lobbyist Fees	A	-58,369	ADMINISTRATIVE & GENERAL	5.00	0	49.00
49.01	Collection Fees	A	-5,198	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.01
49.02	Collection Fees	A	-731,330	ADMINISTRATIVE & GENERAL	5.00	0	49.02
49.10	Professional Fees Salary	A	-515,131	OPERATING ROOM	50.00	0	49.10
49.11	Professional Fees FICA	A	-15,709	OPERATING ROOM	50.00	0	49.11
49.12	Professional Fees Benefits	A	-80,049	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.12
49.13	Professional Fees Salary	A	-63,216	ELECTROCARDIOLOGY	69.00	0	49.13
49.14	Professional Fees FICA	A	-4,836	ELECTROCARDIOLOGY	69.00	0	49.14
49.15	Professional Fees Benefits	A	-9,824	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.15
49.16	Professional Fees Salary	A	-1,116,234	OPERATING ROOM	50.00	0	49.16
49.17	Professional Fees FICA	A	-85,392	OPERATING ROOM	50.00	0	49.17
49.18	Professional Fees Benefits	A	-173,463	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.18
49.19	Professional Fees Salary	A	-219,905	PHYSICAL THERAPY	66.00	0	49.19
49.20	Professional Fees FICA	A	-16,823	PHYSICAL THERAPY	66.00	0	49.20
49.21	Professional Fees Benefits	A	-34,172	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-128,803,096				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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 9:09 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	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	37,932,537	50,413,535	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	3,934,902	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,113,562	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	38,409	1,968,234	3.01
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	124,781	0	3.04
3.06	69.02	VASCULAR LAB	BAYLIS RENT - VASCULAR LAB	2,546	0	3.06
3.07	58.00	MRI	BAYLIS RENT - MRI	35,428	0	3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	794,060	0	3.08
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,914	1,043,172	3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	33,481	0	3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	164,124	0	3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	13,141	0	3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	116,939	0	3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	43,343	0	3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	19,263	0	3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	255,523	0	3.17
3.18	60.00	LABORATORY	S SIXTH LAB	61,315	0	3.18
3.19	6.00	MAINTENANCE & REPAIRS	S SIXTH ENGINEERING	11,897	0	3.19
3.20	9.00	HOUSEKEEPING	S SIXTH HSKG	3,050	0	3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	S SIXTH IT	3,559	90,794	3.21
3.22	60.00	LABORATORY	N DIRKSEN LAB	52,782	0	3.22
3.23	6.00	MAINTENANCE & REPAIRS	N DIRKSEN ENGINEERING	10,326	0	3.23
3.24	9.00	HOUSEKEEPING	N DIRKSEN HSKG	1,072	0	3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	N DIRKSEN IT	2,184	82,170	3.25
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	66,740	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	567,851	738,865	3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	68,896	0	3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	7,906	0	3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	77,469	0	3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	26,721	0	3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	274,838	0	3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	140,659	3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	25,080	62,952	3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	99,262	194,415	3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	111,326	3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	17,555	3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	8,785	3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	98,894	3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	15,594	3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	7,804	3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	20,747	3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	3,291	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	1,888	3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	16,983	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	2,694	3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,546	3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	221,603	3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	34,782	3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	15,379	3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	38,769	3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	6,085	3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCCI	0	2,691	3.54
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	47	3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	8	3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	4	3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	199,111	3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	31,397	3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	15,712	3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	14,956	3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	2,372	3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	1,361	3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	55,088	0	3.67
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	78,576	0	3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	982	0	3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,292	0	3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRT - IT	1,318	154,334	3.71
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	12,917	152,350	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	97,129	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	7,254	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	129,419	0	4.03

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 9:09 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	
4.04	60.00	LABORATORY	CHURCHILL - LAB	7,642	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	745,524	0	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	4,513	0	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	266,576	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	ALMH WEIGHT LOSS LEASE	0	5,952	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	PAH WEIGHT LOSS LEASE	0	18,229	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			46,286,569	57,070,607	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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

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

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

6.00	B	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOS	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITA	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 9:09 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	-12,480,998	0		1.00
2.00	3,934,902	9		2.00
3.00	-1,113,562	0		3.00
3.01	-1,929,825	0		3.01
3.04	124,781	0		3.04
3.06	2,546	0		3.06
3.07	35,428	0		3.07
3.08	794,060	0		3.08
3.10	-1,034,258	0		3.10
3.11	33,481	0		3.11
3.12	164,124	0		3.12
3.13	13,141	0		3.13
3.14	116,939	0		3.14
3.15	43,343	0		3.15
3.16	19,263	0		3.16
3.17	255,523	0		3.17
3.18	61,315	0		3.18
3.19	11,897	0		3.19
3.20	3,050	0		3.20
3.21	-87,235	0		3.21
3.22	52,782	0		3.22
3.23	10,326	0		3.23
3.24	1,072	0		3.24
3.25	-79,986	0		3.25
3.27	66,740	0		3.27
3.28	-171,014	0		3.28
3.29	68,896	0		3.29
3.30	7,906	0		3.30
3.31	77,469	0		3.31
3.32	26,721	0		3.32
3.33	274,838	0		3.33
3.34	-140,659	9		3.34
3.35	-37,872	0		3.35
3.36	-95,153	0		3.36
3.37	-111,326	0		3.37
3.38	-17,555	0		3.38
3.39	-8,785	0		3.39
3.40	-98,894	0		3.40
3.41	-15,594	0		3.41
3.42	-7,804	0		3.42
3.43	-20,747	0		3.43
3.44	-3,291	0		3.44
3.45	-1,888	0		3.45
3.46	-16,983	0		3.46
3.47	-2,694	0		3.47
3.48	-1,546	0		3.48
3.49	-221,603	0		3.49
3.50	-34,782	0		3.50
3.51	-15,379	0		3.51
3.52	-38,769	0		3.52
3.53	-6,085	0		3.53
3.54	-2,691	0		3.54
3.58	-47	0		3.58
3.59	-8	0		3.59
3.60	-4	0		3.60
3.61	-199,111	0		3.61
3.62	-31,397	0		3.62
3.63	-15,712	0		3.63
3.64	-14,956	0		3.64
3.65	-2,372	0		3.65
3.66	-1,361	0		3.66
3.67	55,088	0		3.67
3.68	78,576	0		3.68
3.69	982	0		3.69
3.70	1,292	0		3.70
3.71	-153,016	0		3.71
4.00	-139,433	0		4.00
4.01	97,129	0		4.01
4.02	7,254	0		4.02
4.03	129,419	0		4.03

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 9:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.04	7,642	0		4.04
4.05	745,524	0		4.05
4.06	4,513	0		4.06
4.07	266,576	0		4.07
4.08	-5,952	0		4.08
4.09	-18,229	0		4.09
5.00	-10,784,038			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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 9:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	50,614,923	49,419,470	1,195,453	136,700	3,668	1.00
2.00	30.00	ADULTS & PEDIATRICS	266,743	71,319	195,424	136,700	1,016	2.00
3.00	31.00	INTENSIVE CARE UNIT	2,186,591	1,984,062	202,529	154,100	947	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	69,750	0	69,750	154,100	279	4.00
5.00	40.00	SUBPROVIDER - IPF	22,496	16,198	6,298	142,500	47	5.00
6.00	41.00	SUBPROVIDER - IRF	3,229	604	2,625	136,700	21	6.00
7.00	43.00	NURSERY	39,737	10,950	28,787	136,700	194	7.00
8.00	50.00	OPERATING ROOM	320,696	77,619	243,077	204,100	1,186	8.00
9.00	53.00	ANESTHESIOLOGY	4,899,901	4,854,764	45,137	200,300	225	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	13,728	729	12,999	231,100	85	10.00
11.00	60.00	LABORATORY	1,479,939	629,864	850,075	219,500	5,794	11.00
12.00	65.00	RESPIRATORY THERAPY	109,718	1,458	108,260	136,700	529	12.00
13.00	66.00	PHYSICAL THERAPY	219,819	84,335	135,484	136,700	546	13.00
14.00	69.00	ELECTROCARDIOLOGY	195,199	32,055	163,144	136,700	737	14.00
15.00	69.01	GI UNIT	42,186	0	42,186	136,700	178	15.00
16.00	69.02	VASCULAR LAB	20,883	9,910	10,973	136,700	58	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	126,201	16,048	110,153	136,700	755	17.00
18.00	74.00	RENAL DIALYSIS	16,605	0	16,605	136,700	81	18.00
19.00	91.00	EMERGENCY	141,280	38,413	102,867	136,700	580	19.00
20.00	105.00	KIDNEY ACQUISITION	147,429	12,180	135,249	136,700	626	20.00
21.00	73.01	RENAL TXPLANT LAB	21,509	0	21,509	219,500	140	21.00
22.00	76.97	CARDIAC REHABILITATION	76,125	9,017	67,108	136,700	292	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	647,488	460,350	187,138	231,100	599	25.00
200.00			61,682,175	57,729,345	3,952,830		18,583	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	241,065	12,053	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	66,773	3,339	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	70,160	3,508	0	0	0	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	20,670	1,034	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	3,220	161	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	1,380	69	0	0	0	6.00
7.00	43.00	NURSERY	12,750	638	0	0	0	7.00
8.00	50.00	OPERATING ROOM	116,376	5,819	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	21,667	1,083	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	9,444	472	0	0	0	10.00
11.00	60.00	LABORATORY	611,434	30,572	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	34,767	1,738	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	35,884	1,794	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	48,437	2,422	0	0	0	14.00
15.00	69.01	GI UNIT	11,698	585	0	0	0	15.00
16.00	69.02	VASCULAR LAB	3,812	191	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	49,620	2,481	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	5,323	266	0	0	0	18.00
19.00	91.00	EMERGENCY	38,118	1,906	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	41,142	2,057	0	0	0	20.00
21.00	73.01	RENAL TXPLANT LAB	14,774	739	0	0	0	21.00
22.00	76.97	CARDIAC REHABILITATION	19,191	960	0	0	0	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	66,552	3,328	0	0	0	25.00
200.00			1,544,257	77,215	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	241,065	954,388	50,373,858		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	66,773	128,651	199,970		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	70,160	132,369	2,116,431		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	0	20,670	49,080	49,080		4.00
5.00	40.00	SUBPROVIDER - IPF	0	3,220	3,078	19,276		5.00
6.00	41.00	SUBPROVIDER - IRF	0	1,380	1,245	1,849		6.00
7.00	43.00	NURSERY	0	12,750	16,037	26,987		7.00
8.00	50.00	OPERATING ROOM	0	116,376	126,701	204,320		8.00
9.00	53.00	ANESTHESIOLOGY	0	21,667	23,470	4,878,234		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	9,444	3,555	4,284		10.00
11.00	60.00	LABORATORY	0	611,434	238,641	868,505		11.00
12.00	65.00	RESPIRATORY THERAPY	0	34,767	73,493	74,951		12.00
13.00	66.00	PHYSICAL THERAPY	0	35,884	99,600	183,935		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	48,437	114,707	146,762		14.00
15.00	69.01	GI UNIT	0	11,698	30,488	30,488		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 9:09 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
16.00	69.02	VASCULAR LAB	0	3,812	7,161	17,071		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	49,620	60,533	76,581		17.00
18.00	74.00	RENAL DIALYSIS	0	5,323	11,282	11,282		18.00
19.00	91.00	EMERGENCY	0	38,118	64,749	103,162		19.00
20.00	105.00	KIDNEY ACQUISITION	0	41,142	94,107	106,287		20.00
21.00	73.01	RENAL TXPLANT LAB	0	14,774	6,735	6,735		21.00
22.00	76.97	CARDIAC REHABILITATION	0	19,191	47,917	56,934		22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	66,552	120,586	580,936		25.00
200.00			0	1,544,257	2,408,573	60,137,918		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	32,593,203	32,593,203			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,474,088	312,017	0	36,786,105	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	95,748,574	5,183,265	0	5,214,042	5.00
6.00	00600	MAINTENANCE & REPAIRS	20,102,695	3,930,228	0	1,180,231	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,637,552	139,472	0	27,812	8.00
9.00	00900	HOUSEKEEPING	6,763,684	393,237	0	874,364	9.00
10.00	01000	DIETARY	2,031,791	211,238	0	231,892	10.00
11.00	01100	CAFETERIA	5,602,638	589,174	0	544,118	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,930,880	136,645	0	593,306	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,598,777	517,082	0	465,416	14.00
15.00	01500	PHARMACY	10,234,629	193,597	0	1,460,211	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,953,003	397,298	0	681,313	16.00
17.00	01700	SOCIAL SERVICE	978,139	0	0	97,751	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,811,567	187,977	0	1,122,823	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,836,129	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	20,601	0	0	3,596	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	250,989	7,115	0	40,938	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,354,603	7,453,538	0	5,906,132	30.00
31.00	03100	INTENSIVE CARE UNIT	9,949,379	1,042,092	0	1,477,615	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,627,894	238,821	0	245,109	33.00
40.00	04000	SUBPROVIDER - IPF	4,691,939	823,673	0	778,405	40.00
41.00	04100	SUBPROVIDER - IRF	2,191,028	249,964	0	363,683	41.00
43.00	04300	NURSERY	1,021,689	63,352	0	152,262	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,987,943	2,747,495	0	3,190,193	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,609,483	63,709	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,386,674	160,719	0	294,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,860,568	1,307,845	0	1,586,893	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,316,263	438,363	0	356,364	55.00
57.00	05700	CT SCAN	3,311,244	110,590	0	216,503	57.00
58.00	05800	MRI	1,483,475	25,406	0	133,818	58.00
60.00	06000	LABORATORY	23,716,539	1,570,155	0	1,758,071	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,191,763	0	0	93,410	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,534,997	265,494	0	746,958	65.00
66.00	06600	PHYSICAL THERAPY	8,924,664	383,588	0	1,487,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,884,651	151,655	0	325,325	67.00
68.00	06800	SPEECH PATHOLOGY	888,310	40,383	0	153,040	68.00
69.00	06900	ELECTROCARDIOLOGY	17,253,695	488,168	0	1,187,760	69.00
69.01	03340	GI UNIT	4,065,797	182,226	0	333,511	69.01
69.02	03650	VASCULAR LAB	1,495,589	133,624	0	154,310	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,070,389	46,231	0	147,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,954,471	19,266	0	71,380	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	33,242,798	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,479,028	0	0	15,567	73.00
73.01	03640	RENAL TXPLANT LAB	485,150	32,813	0	32,466	73.01
74.00	07400	RENAL DIALYSIS	1,303,059	174,007	0	216,573	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,496,682	0	0	461,940	75.00
76.97	07697	CARDIAC REHABILITATION	1,302,685	0	0	214,195	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	19,016,330	709,250	0	2,002,096	91.00
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
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,541,736	23,586	0	69,344	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,537,196	31,144,358	0	36,709,836	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221	41,163	0	39	41,423 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,912	413,217	0	3,795	437,924 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	1,991,083	0	0	0	1,991,083 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	212,522	97,595	0	5,248	315,365 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	711,492	0	0	711,492 192.05
192.06	19205	VNA OF CENTRAL IL	253	25,406	0	0	25,659 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	126,964	0	0	126,964 192.08
192.09	19207	SIU MAP PROGRAM	259	0	0	0	259 192.09
192.10	19209	AUDIOLOGY	0	33,008	0	0	33,008 192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	484,847	0	0	67,187	552,034 192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	534,247,293	32,593,203	0	36,786,105	534,247,293 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	106,145,881					5.00
6.00	00600	MAINTENANCE & REPAIRS	6,210,353	31,423,507				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	937,184	156,178	0	4,898,198		8.00
9.00	00900	HOUSEKEEPING	1,978,218	527,215	0	0	10,536,718	9.00
10.00	01000	DIETARY	609,608	236,541	0	0	81,079	10.00
11.00	01100	CAFETERIA	1,659,154	659,746	0	0	226,140	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	901,714	153,013	0	0	52,448	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,374,746	579,019	0	32,212	198,469	14.00
15.00	01500	PHARMACY	2,928,288	216,787	0	9,069	74,307	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,485,671	444,887	0	0	152,493	16.00
17.00	01700	SOCIAL SERVICE	265,007	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,493,281	210,493	0	24,137	72,150	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	5,960	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	73,658	7,967	0	0	2,731	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,969,450	8,346,341	0	1,956,351	2,860,856	30.00
31.00	03100	INTENSIVE CARE UNIT	3,071,310	1,166,915	0	333,849	399,981	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	520,172	267,427	0	102,646	91,665	33.00
40.00	04000	SUBPROVIDER - IPF	1,550,305	922,334	0	9,570	316,146	40.00
41.00	04100	SUBPROVIDER - IRF	690,831	279,905	0	143,565	95,943	41.00
43.00	04300	NURSERY	304,765	70,940	0	53,825	24,316	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,804,754	3,076,594	0	431,886	1,054,557	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	658,445	71,341	0	125,911	24,453	52.00
53.00	05300	ANESTHESIOLOGY	1,192,611	179,970	0	4,984	61,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,112,322	1,826,770	0	461,463	626,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,012,594	490,871	0	61,336	168,255	55.00
57.00	05700	CT SCAN	896,173	162,726	0	112,532	55,777	57.00
58.00	05800	MRI	404,620	87,129	0	107,426	29,865	58.00
60.00	06000	LABORATORY	6,661,504	1,788,280	0	106,960	612,965	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	809,184	0	0	73,697	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,612,728	297,295	0	79,550	101,903	65.00
66.00	06600	PHYSICAL THERAPY	2,659,055	429,535	0	106,628	147,231	66.00
67.00	06700	OCCUPATIONAL THERAPY	581,703	169,820	0	0	58,209	67.00
68.00	06800	SPEECH PATHOLOGY	266,446	45,220	0	0	15,500	68.00
69.00	06900	ELECTROCARDIOLOGY	4,662,631	546,641	0	138,932	187,371	69.00
69.01	03340	GI UNIT	1,128,496	204,054	0	3,362	69,943	69.01
69.02	03650	VASCULAR LAB	439,307	149,630	0	0	51,288	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	311,377	51,768	0	54,061	17,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	503,741	21,573	0	0	7,395	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,188,167	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,772,304	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	135,578	36,743	0	0	12,594	73.01
74.00	07400	RENAL DIALYSIS	417,167	194,850	0	34,942	66,788	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,714,006	608,450	0	19,444	208,557	75.00
76.97	07697	CARDIAC REHABILITATION	373,629	0	0	7,078	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,351,831	794,205	0	104,577	272,228	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	402,641	26,412	0	4,657	9,053	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,102,689	25,505,585	0	4,704,650	8,508,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,203	46,093	0	4,497	15,799	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,867	462,713	0	0	158,603	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	490,432	2,290,466	0	111,628	785,098	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	77,679	109,285	0	38,240	37,459	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
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To 09/30/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	175,250	796,715	0	0	273,088	192.05
192.06	19205	VNA OF CENTRAL IL	6,320	260,988	0	0	89,458	192.06
192.07	19206	GAMBRO	0	678,627	0	39,183	232,611	192.07
192.08	19208	FOUNDATION	31,273	142,172	0	0	48,732	192.08
192.09	19207	SIU MAP PROGRAM	64	1,093,901	0	0	374,954	192.09
192.10	19209	AUDIOLOGY	8,130	36,962	0	0	12,669	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	135,974	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	106,145,881	31,423,507	0	4,898,198	10,536,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,402,149					10.00
11.00	01100	CAFETERIA	0	9,280,970				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	142,261	0	4,910,267		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	239,542	0	0	8,005,263	14.00
15.00	01500	PHARMACY	0	286,326	0	0	18,628	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	306,482	0	0	94	16.00
17.00	01700	SOCIAL SERVICE	0	41,232	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	585,878	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	919	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	9,972	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,316,650	2,079,676	0	1,815,036	237,730	30.00
31.00	03100	INTENSIVE CARE UNIT	142,745	400,475	0	349,514	93,199	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	32,708	60,858	0	53,114	16,189	33.00
40.00	04000	SUBPROVIDER - IPF	290,043	234,556	0	204,709	5,820	40.00
41.00	04100	SUBPROVIDER - IRF	205,806	115,209	0	100,549	7,448	41.00
43.00	04300	NURSERY	98,966	50,603	0	44,164	11,174	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,717	867,253	0	756,895	3,572,454	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	118,321	0	103,265	26,139	52.00
53.00	05300	ANESTHESIOLOGY	0	56,402	0	49,225	146,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9	491,815	0	429,231	532,284	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	319	94,028	0	0	20,763	55.00
57.00	05700	CT SCAN	0	84,480	0	0	42,540	57.00
58.00	05800	MRI	0	43,036	0	0	5,340	58.00
60.00	06000	LABORATORY	10,619	650,802	0	0	969,686	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	23,586	0	0	23,405	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	234,167	0	0	67,496	65.00
66.00	06600	PHYSICAL THERAPY	0	362,461	0	0	10,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	81,828	0	0	817	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,114	0	0	1,017	68.00
69.00	06900	ELECTROCARDIOLOGY	115	321,830	0	280,877	1,390,810	69.00
69.01	03340	GI UNIT	399	94,452	0	82,433	119,533	69.01
69.02	03650	VASCULAR LAB	0	46,678	0	40,738	38,109	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40,843	0	0	6,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,296	0	11,604	116,983	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	11,033	0	0	24,296	73.01
74.00	07400	RENAL DIALYSIS	9,158	43,920	0	38,331	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	239	126,066	0	41,849	356,458	75.00
76.97	07697	CARDIAC REHABILITATION	0	53,184	0	46,417	3,100	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	72,723	529,723	0	462,316	140,164	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	17,327	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,224,216	8,995,634	0	4,910,267	8,005,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	4,491	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	177,933	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	181,372	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	77,018	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	22,455	0	0	105	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	3,402,149	9,280,970	0	4,910,267	8,005,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	15,421,842					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,421,241				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,382,129			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,873	5,858,656	953,545	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,004	106,950	21,543	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,561	58,949	29,763	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	866	574,329	169,506	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	967	379,798	24,519	0	0	41.00
43.00	04300	NURSERY	2,488	52,212	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,555	185,267	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,819	0	5,527	0	0	52.00
53.00	05300	ANESTHESIOLOGY	57,442	46,317	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,922	138,108	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	571	78,318	7,228	0	0	55.00
57.00	05700	CT SCAN	18,000	197,899	0	0	0	57.00
58.00	05800	MRI	1,493	46,317	0	0	0	58.00
60.00	06000	LABORATORY	3,523	169,267	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2	4,211	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	32,451	18,527	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	82	32,843	4,960	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	842	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,050	198,741	0	0	0	69.00
69.01	03340	GI UNIT	15,592	35,369	158,735	0	0	69.01
69.02	03650	VASCULAR LAB	116	6,737	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	16	1,684	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12	1,684	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,953,470	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,305	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,806	66,528	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	159	5,053	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	57,696	156,635	6,803	0	0	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,421,842	8,421,241	1,382,129	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	15,421,842	8,421,241	1,382,129	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,508,306					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		-2,836,129				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			31,076			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				393,370		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,525,863	0	0	0	103,748,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	18,587,571	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	3,352,876	33.00
40.00	04000	SUBPROVIDER - IPF	810,498	0	0	0	11,382,699	40.00
41.00	04100	SUBPROVIDER - IRF	40,525	0	0	0	4,889,740	41.00
43.00	04300	NURSERY	0	0	0	0	1,950,756	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,848,902	0	0	0	72,622,465	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,812,413	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,636,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	767,272	0	0	0	31,155,660	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	6,045,273	55.00
57.00	05700	CT SCAN	0	0	0	0	5,208,464	57.00
58.00	05800	MRI	0	0	0	0	2,367,925	58.00
60.00	06000	LABORATORY	12,157	0	0	0	38,030,528	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,219,258	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	40,525	0	0	0	9,032,091	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	14,548,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,254,850	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,445,031	68.00
69.00	06900	ELECTROCARDIOLOGY	63,489	0	0	0	26,753,110	69.00
69.01	03340	GI UNIT	0	0	0	0	6,493,902	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	2,556,126	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,748,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,721,405	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	41,430,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	393,370	49,613,739	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	770,673	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,505,100	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	10,110,025	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,005,500	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,110,383	0	31,076	0	30,818,036	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	2,094,756	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,219,614	0	31,076	393,370	521,913,012	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	118,015	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,167,107	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,668,707	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	582,519	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	177,933	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	2,137,917	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	459,443	192.06
192.07	19206	GAMBRO	0	0	0	0	950,421	192.07
192.08	19208	FOUNDATION	0	0	0	0	349,141	192.08
192.09	19207	SIU MAP PROGRAM	1,288,692	0	0	0	2,757,870	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	90,769	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	710,568	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-2,836,129	0	0	-2,836,129	201.00
202.00		TOTAL (sum lines 118 through 201)	13,508,306	-2,836,129	31,076	393,370	534,247,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(EMS)			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,525,863	97,222,437	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,587,571	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,352,876	33.00
40.00	04000	SUBPROVIDER - IPF	-810,498	10,572,201	40.00
41.00	04100	SUBPROVIDER - IRF	-40,525	4,849,215	41.00
43.00	04300	NURSERY	0	1,950,756	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,848,902	69,773,563	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,812,413	52.00
53.00	05300	ANESTHESIOLOGY	0	6,636,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-767,272	30,388,388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,045,273	55.00
57.00	05700	CT SCAN	0	5,208,464	57.00
58.00	05800	MRI	0	2,367,925	58.00
60.00	06000	LABORATORY	-12,157	38,018,371	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,219,258	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-40,525	8,991,566	65.00
66.00	06600	PHYSICAL THERAPY	0	14,548,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,254,850	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,445,031	68.00
69.00	06900	ELECTROCARDIOLOGY	-63,489	26,689,621	69.00
69.01	03340	GI UNIT	0	6,493,902	69.01
69.02	03650	VASCULAR LAB	0	2,556,126	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,748,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,721,405	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	41,430,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,613,739	73.00
73.01	03640	RENAL TXPLANT LAB	0	770,673	73.01
74.00	07400	RENAL DIALYSIS	0	2,505,100	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,110,025	75.00
76.97	07697	CARDIAC REHABILITATION	0	2,005,500	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,110,383	29,707,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	2,094,756	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,219,614	509,693,398	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	118,015	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,167,107	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,668,707	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	582,519	192.03
192.04	19203	MEALS ON WHEELS	0	177,933	192.04
192.05	19204	ACS HOME CARE	0	2,137,917	192.05
192.06	19205	VNA OF CENTRAL IL	0	459,443	192.06
192.07	19206	GAMBRO	0	950,421	192.07
192.08	19208	FOUNDATION	0	349,141	192.08
192.09	19207	SIU MAP PROGRAM	-1,288,692	1,469,178	192.09
192.10	19209	AUDIOLOGY	0	90,769	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	710,568	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-2,836,129	201.00
202.00		TOTAL (sum lines 118 through 201)	-13,508,306	520,738,987	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,688	312,017	0	341,705	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,037,834	5,183,265	0	9,221,099	5.00
6.00	00600	MAINTENANCE & REPAIRS	335,545	3,930,228	0	4,265,773	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	999	139,472	0	140,471	8.00
9.00	00900	HOUSEKEEPING	48,931	393,237	0	442,168	9.00
10.00	01000	DIETARY	13,120	211,238	0	224,358	10.00
11.00	01100	CAFETERIA	39,782	589,174	0	628,956	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	35,150	136,645	0	171,795	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	599,732	517,082	0	1,116,814	14.00
15.00	01500	PHARMACY	746,285	193,597	0	939,882	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	121,636	397,298	0	518,934	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	187,977	0	187,977	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	0	7,115	0	7,115	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,510,707	7,453,538	0	8,964,245	30.00
31.00	03100	INTENSIVE CARE UNIT	260,353	1,042,092	0	1,302,445	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	12,312	238,821	0	251,133	33.00
40.00	04000	SUBPROVIDER - IPF	21,114	823,673	0	844,787	40.00
41.00	04100	SUBPROVIDER - IRF	12,939	249,964	0	262,903	41.00
43.00	04300	NURSERY	20,220	63,352	0	83,572	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,106,649	2,747,495	0	6,854,144	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,826	63,709	0	98,535	52.00
53.00	05300	ANESTHESIOLOGY	764,877	160,719	0	925,596	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,537,313	1,307,845	0	2,845,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	471,073	438,363	0	909,436	55.00
57.00	05700	CT SCAN	474,090	110,590	0	584,680	57.00
58.00	05800	MRI	66,318	25,406	0	91,724	58.00
60.00	06000	LABORATORY	391,080	1,570,155	0	1,961,235	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,311	0	0	21,311	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	135,790	265,494	0	401,284	65.00
66.00	06600	PHYSICAL THERAPY	245,036	383,588	0	628,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,124	151,655	0	158,779	67.00
68.00	06800	SPEECH PATHOLOGY	1,587	40,383	0	41,970	68.00
69.00	06900	ELECTROCARDIOLOGY	833,806	488,168	0	1,321,974	69.00
69.01	03340	GI UNIT	412,201	182,226	0	594,427	69.01
69.02	03650	VASCULAR LAB	61,971	133,624	0	195,595	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	98,483	46,231	0	144,714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,432	19,266	0	27,698	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	16,210	32,813	0	49,023	73.01
74.00	07400	RENAL DIALYSIS	38,826	174,007	0	212,833	74.00
75.00	07500	ASC (NON-DISTINCT PART)	575,032	0	0	575,032	75.00
76.97	07697	CARDIAC REHABILITATION	14,024	0	0	14,024	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	147,042	709,250	0	856,292	91.00
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
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	23,586	0	23,586	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,309,448	31,144,358	0	49,453,806	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,163	0	41,163	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	413,217	0	413,217	35 192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0 192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	97,595	0	97,595	49 192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05	19204	ACS HOME CARE	0	711,492	0	711,492	0 192.05
192.06	19205	VNA OF CENTRAL IL	0	25,406	0	25,406	0 192.06
192.07	19206	GAMBRO	0	0	0	0	0 192.07
192.08	19208	FOUNDATION	0	126,964	0	126,964	0 192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10	19209	AUDIOLOGY	0	33,008	0	33,008	0 192.10
192.11	19210	SOUTHGTH AND N.DIRKSON RADIOLOGY	49,758	0	0	49,758	624 192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0 192.12
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)	18,359,206	32,593,203	0	50,952,409	341,705 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,269,521					5.00
6.00	00600	MAINTENANCE & REPAIRS	542,335	4,819,069				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,842	23,951	0	246,522		8.00
9.00	00900	HOUSEKEEPING	172,753	80,853	0	0	703,894	9.00
10.00	01000	DIETARY	53,236	36,276	0	0	5,416	10.00
11.00	01100	CAFETERIA	144,890	101,178	0	0	15,107	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	78,744	23,466	0	0	3,504	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	120,053	88,798	0	1,621	13,259	14.00
15.00	01500	PHARMACY	255,720	33,246	0	456	4,964	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	129,740	68,227	0	0	10,187	16.00
17.00	01700	SOCIAL SERVICE	23,142	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	217,732	32,281	0	1,215	4,820	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	520	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	6,432	1,222	0	0	182	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,219,979	1,279,986	0	98,462	191,120	30.00
31.00	03100	INTENSIVE CARE UNIT	268,210	178,957	0	16,802	26,720	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	45,425	41,012	0	5,166	6,124	33.00
40.00	04000	SUBPROVIDER - IPF	135,384	141,448	0	482	21,120	40.00
41.00	04100	SUBPROVIDER - IRF	60,329	42,926	0	7,226	6,409	41.00
43.00	04300	NURSERY	26,614	10,879	0	2,709	1,624	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,030,880	471,823	0	21,736	70,449	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,500	10,941	0	6,337	1,634	52.00
53.00	05300	ANESTHESIOLOGY	104,148	27,600	0	251	4,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	446,447	280,151	0	23,225	41,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	88,427	75,279	0	3,087	11,240	55.00
57.00	05700	CT SCAN	78,261	24,956	0	5,664	3,726	57.00
58.00	05800	MRI	35,334	13,362	0	5,407	1,995	58.00
60.00	06000	LABORATORY	581,733	274,248	0	5,383	40,948	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	70,664	0	0	3,709	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	140,836	45,593	0	4,004	6,808	65.00
66.00	06600	PHYSICAL THERAPY	232,209	65,873	0	5,366	9,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	50,799	26,043	0	0	3,889	67.00
68.00	06800	SPEECH PATHOLOGY	23,268	6,935	0	0	1,035	68.00
69.00	06900	ELECTROCARDIOLOGY	407,176	83,832	0	6,992	12,517	69.00
69.01	03340	GI UNIT	98,549	31,293	0	169	4,672	69.01
69.02	03650	VASCULAR LAB	38,364	22,947	0	0	3,426	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	27,192	7,939	0	2,721	1,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,990	3,308	0	0	494	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	715,053	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	591,409	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	11,840	5,635	0	0	841	73.01
74.00	07400	RENAL DIALYSIS	36,430	29,882	0	1,759	4,462	74.00
75.00	07500	ASC (NON-DISTINCT PART)	149,680	93,311	0	979	13,932	75.00
76.97	07697	CARDIAC REHABILITATION	32,628	0	0	356	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	467,362	121,798	0	5,263	18,186	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	35,162	4,050	0	234	605	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,178,421	3,911,505	0	236,781	568,387	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	891	7,069	0	226	1,055	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,420	70,961	0	0	10,595	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	42,828	351,263	0	5,618	52,448	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	6,784	16,760	0	1,925	2,502	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	15,304	122,183	0	0	18,243	192.05
192.06	19205	VNA OF CENTRAL IL	552	40,025	0	0	5,976	192.06
192.07	19206	GAMBRO	0	104,073	0	1,972	15,539	192.07
192.08	19208	FOUNDATION	2,731	21,803	0	0	3,255	192.08
192.09	19207	SIU MAP PROGRAM	6	167,759	0	0	25,048	192.09
192.10	19209	AUDIOLOGY	710	5,668	0	0	846	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	11,874	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	9,269,521	4,819,069	0	246,522	703,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	321,440					10.00
11.00	01100	CAFETERIA	0	895,184				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	13,722	0	296,741		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,105	0	0	1,367,972	14.00
15.00	01500	PHARMACY	0	27,617	0	0	3,183	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,561	0	0	16	16.00
17.00	01700	SOCIAL SERVICE	0	3,977	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	56,510	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	89	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	962	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	218,881	200,594	0	109,688	40,625	30.00
31.00	03100	INTENSIVE CARE UNIT	13,487	38,627	0	21,122	15,926	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,090	5,870	0	3,210	2,767	33.00
40.00	04000	SUBPROVIDER - IPF	27,404	22,624	0	12,371	995	40.00
41.00	04100	SUBPROVIDER - IRF	19,445	11,112	0	6,076	1,273	41.00
43.00	04300	NURSERY	9,350	4,881	0	2,669	1,910	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,130	83,650	0	45,741	610,466	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,413	0	6,241	4,467	52.00
53.00	05300	ANESTHESIOLOGY	0	5,440	0	2,975	24,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	47,437	0	25,940	90,960	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30	9,069	0	0	3,548	55.00
57.00	05700	CT SCAN	0	8,148	0	0	7,269	57.00
58.00	05800	MRI	0	4,151	0	0	913	58.00
60.00	06000	LABORATORY	1,003	62,772	0	0	165,705	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,275	0	0	4,000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	22,586	0	0	11,534	65.00
66.00	06600	PHYSICAL THERAPY	0	34,961	0	0	1,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,893	0	0	140	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,387	0	0	174	68.00
69.00	06900	ELECTROCARDIOLOGY	11	31,042	0	16,974	237,669	69.00
69.01	03340	GI UNIT	38	9,110	0	4,982	20,426	69.01
69.02	03650	VASCULAR LAB	0	4,502	0	2,462	6,512	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,939	0	0	1,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,282	0	701	19,991	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	1,064	0	0	4,152	73.01
74.00	07400	RENAL DIALYSIS	865	4,236	0	2,316	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	23	12,159	0	2,529	60,914	75.00
76.97	07697	CARDIAC REHABILITATION	0	5,130	0	2,805	530	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,871	51,094	0	27,939	23,952	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,671	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	304,629	867,662	0	296,741	1,367,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

 Worksheet B
 Part II
 Date/Time Prepared:
 2/28/2020 9:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	433	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	16,811	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	17,494	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	7,429	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	2,166	0	0	18	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	321,440	895,184	0	296,741	1,367,972	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,278,629					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	762,992				16.00
17.00	01700	SOCIAL SERVICE	0	0	28,027			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,441	530,812	19,335			30.00
31.00	03100	INTENSIVE CARE UNIT	2,653	9,690	437			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	627	5,341	604			33.00
40.00	04000	SUBPROVIDER - IPF	72	52,036	3,437			40.00
41.00	04100	SUBPROVIDER - IRF	80	34,411	497			41.00
43.00	04300	NURSERY	206	4,731	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,523	16,786	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482	0	112			52.00
53.00	05300	ANESTHESIOLOGY	4,763	4,196	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,237	12,513	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47	7,096	147			55.00
57.00	05700	CT SCAN	1,492	17,930	0			57.00
58.00	05800	MRI	124	4,196	0			58.00
60.00	06000	LABORATORY	292	15,336	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	381	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	2,691	1,679	0			65.00
66.00	06600	PHYSICAL THERAPY	7	2,976	101			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	76	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,657	18,007	0			69.00
69.01	03340	GI UNIT	1,293	3,205	3,219			69.01
69.02	03650	VASCULAR LAB	10	610	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1	153	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1	153	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,239,797	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	523	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	813	6,028	0			75.00
76.97	07697	CARDIAC REHABILITATION	13	458	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,784	14,192	138			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,278,629	762,992	28,027	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,278,629	762,992	28,027	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	510,962					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM- (EMS)			642			23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)				16,293		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					12,938,097	30.00
31.00	03100	INTENSIVE CARE UNIT					1,908,798	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					372,645	33.00
40.00	04000	SUBPROVIDER - IPF					1,269,389	40.00
41.00	04100	SUBPROVIDER - IRF					456,064	41.00
43.00	04300	NURSERY					150,559	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					9,243,955	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					197,662	52.00
53.00	05300	ANESTHESIOLOGY					1,106,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					3,829,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					1,110,716	55.00
57.00	05700	CT SCAN					734,137	57.00
58.00	05800	MRI					158,449	58.00
60.00	06000	LABORATORY					3,124,982	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					103,207	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
65.00	06500	RESPIRATORY THERAPY					643,952	65.00
66.00	06600	PHYSICAL THERAPY					995,592	66.00
67.00	06700	OCCUPATIONAL THERAPY					250,640	67.00
68.00	06800	SPEECH PATHOLOGY					78,190	68.00
69.00	06900	ELECTROCARDIOLOGY					2,149,882	69.00
69.01	03340	GI UNIT					774,480	69.01
69.02	03650	VASCULAR LAB					275,861	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					190,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					98,281	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS					715,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,831,351	73.00
73.01	03640	RENAL TXPLANT LAB					72,857	73.01
74.00	07400	RENAL DIALYSIS					295,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)					919,690	75.00
76.97	07697	CARDIAC REHABILITATION					57,933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY					1,616,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					65,952	105.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	47,736,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					50,404	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					504,228	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					452,157	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					126,048	192.03
192.04	19203	MEALS ON WHEELS					16,811	192.04
192.05	19204	ACS HOME CARE					884,716	192.05
192.06	19205	VNA OF CENTRAL IL					79,388	192.06
192.07	19206	GAMBRO					121,584	192.07
192.08	19208	FOUNDATION					154,753	192.08
192.09	19207	SIU MAP PROGRAM					192,813	192.09
192.10	19209	AUDIOLOGY					40,232	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY					64,440	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	510,962	0	642	16,293	527,897	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	510,962	0	642	16,293	50,952,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 12,938,097	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,908,798	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 372,645	33.00
40.00	04000	SUBPROVIDER - IPF	0 1,269,389	40.00
41.00	04100	SUBPROVIDER - IRF	0 456,064	41.00
43.00	04300	NURSERY	0 150,559	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 9,243,955	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 197,662	52.00
53.00	05300	ANESTHESIOLOGY	0 1,106,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 3,829,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 1,110,716	55.00
57.00	05700	CT SCAN	0 734,137	57.00
58.00	05800	MRI	0 158,449	58.00
60.00	06000	LABORATORY	0 3,124,982	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 103,207	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0 0	62.30
65.00	06500	RESPIRATORY THERAPY	0 643,952	65.00
66.00	06600	PHYSICAL THERAPY	0 995,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 250,640	67.00
68.00	06800	SPEECH PATHOLOGY	0 78,190	68.00
69.00	06900	ELECTROCARDIOLOGY	0 2,149,882	69.00
69.01	03340	GI UNIT	0 774,480	69.01
69.02	03650	VASCULAR LAB	0 275,861	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0 190,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 98,281	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0 715,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 1,831,351	73.00
73.01	03640	RENAL TXPLANT LAB	0 72,857	73.01
74.00	07400	RENAL DIALYSIS	0 295,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0 919,690	75.00
76.97	07697	CARDIAC REHABILITATION	0 57,933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0 1,616,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0 0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0 65,952	105.00
109.00	10900	PANCREAS ACQUISITION	0 0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0 47,736,938	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 50,404	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	504,228	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	452,157	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	126,048	192.03
192.04	19203	MEALS ON WHEELS	0	16,811	192.04
192.05	19204	ACS HOME CARE	0	884,716	192.05
192.06	19205	VNA OF CENTRAL IL	0	79,388	192.06
192.07	19206	GAMBRO	0	121,584	192.07
192.08	19208	FOUNDATION	0	154,753	192.08
192.09	19207	SIU MAP PROGRAM	0	192,813	192.09
192.10	19209	AUDIOLOGY	0	40,232	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	64,440	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	527,897	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	50,952,409	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,003,232					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	195,775,171			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	159,543	0	27,749,026	-106,145,881	430,937,541	5.00
6.00	00600	MAINTENANCE & REPAIRS	120,974	0	6,281,165	0	25,213,154	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	148,015	0	3,804,836	8.00
9.00	00900	HOUSEKEEPING	12,104	0	4,653,347	0	8,031,285	9.00
10.00	01000	DIETARY	6,502	0	1,234,127	0	2,474,921	10.00
11.00	01100	CAFETERIA	18,135	0	2,895,786	0	6,735,930	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	3,157,564	0	3,660,831	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,476,937	0	5,581,275	14.00
15.00	01500	PHARMACY	5,959	0	7,771,211	0	11,888,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,625,934	0	6,031,614	16.00
17.00	01700	SOCIAL SERVICE	0	0	520,227	0	1,075,890	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	5,975,643	0	10,122,367	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,836,129	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	19,137	0	24,197	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	217,872	0	299,042	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,423	0	31,432,582	0	56,714,273	30.00
31.00	03100	INTENSIVE CARE UNIT	32,076	0	7,863,839	0	12,469,086	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,351	0	1,304,466	0	2,111,824	33.00
40.00	04000	SUBPROVIDER - IPF	25,353	0	4,142,654	0	6,294,017	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	1,935,511	0	2,804,675	41.00
43.00	04300	NURSERY	1,950	0	810,336	0	1,237,303	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	16,978,145	0	47,925,631	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	0	0	2,673,192	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	1,566,993	0	4,841,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,445,410	0	20,755,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	1,896,562	0	4,110,990	55.00
57.00	05700	CT SCAN	3,404	0	1,152,222	0	3,638,337	57.00
58.00	05800	MRI	782	0	712,178	0	1,642,699	58.00
60.00	06000	LABORATORY	48,330	0	9,356,418	0	27,044,765	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	497,124	0	3,285,173	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	3,975,293	0	6,547,449	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	7,914,506	0	10,795,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	1,731,371	0	2,361,631	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	814,475	0	1,081,733	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	6,321,236	0	18,929,623	69.00
69.01	03340	GI UNIT	5,609	0	1,774,940	0	4,581,534	69.01
69.02	03650	VASCULAR LAB	4,113	0	821,233	0	1,783,523	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	785,131	0	1,264,146	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	379,884	0	2,045,117	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	33,242,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	82,845	0	27,494,595	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	172,783	0	550,429	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	1,152,599	0	1,693,639	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,458,435	0	6,958,622	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,139,942	0	1,516,880	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,831	0	10,655,113	0	21,727,676	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	369,048	0	1,634,666	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	958,636	0	195,369,265	-103,309,752	426,702,330	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	207	0	41,423	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	20,197	0	437,924	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	1,991,083	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	27,932	0	315,365	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	711,492	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	25,659	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	126,964	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	259	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	0	33,008	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	357,570	0	552,034	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	32,593,203	0	36,786,105		106,145,881	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.488201	0.000000	0.187900		0.246314	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			341,705		9,269,521	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001745		0.021510	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	863,765					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	2,140,543			8.00
9.00	00900	HOUSEKEEPING	14,492	0	0	844,980		9.00
10.00	01000	DIETARY	6,502	0	0	6,502	384,128	10.00
11.00	01100	CAFETERIA	18,135	0	0	18,135	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	0	4,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	14,077	15,916	0	14.00
15.00	01500	PHARMACY	5,959	0	3,963	5,959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	0	12,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	10,548	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM- (PHARMACY)	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	229,423	0	854,939	229,423	261,567	30.00
31.00	03100	INTENSIVE CARE UNIT	32,076	0	145,894	32,076	16,117	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,351	0	44,857	7,351	3,693	33.00
40.00	04000	SUBPROVIDER - IPF	25,353	0	4,182	25,353	32,748	40.00
41.00	04100	SUBPROVIDER - IRF	7,694	0	62,739	7,694	23,237	41.00
43.00	04300	NURSERY	1,950	0	23,522	1,950	11,174	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,569	0	188,737	84,569	4,936	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	55,024	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	2,178	4,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,214	0	201,662	50,214	1	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	26,804	13,493	36	55.00
57.00	05700	CT SCAN	4,473	0	49,177	4,473	0	57.00
58.00	05800	MRI	2,395	0	46,946	2,395	0	58.00
60.00	06000	LABORATORY	49,156	0	46,742	49,156	1,199	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	32,206	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	34,764	8,172	0	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	46,597	11,807	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	0	4,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	60,714	15,026	13	69.00
69.01	03340	GI UNIT	5,609	0	1,469	5,609	45	69.01
69.02	03650	VASCULAR LAB	4,113	0	0	4,113	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	23,625	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	0	593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	15,270	5,356	1,034	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,725	0	8,497	16,725	27	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,093	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,831	0	45,701	21,831	8,211	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	726	0	2,035	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,094	0	2,055,962	682,309	364,038	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,965	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	0	12,719	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SIU SCHOOL OF MEDICINE	62,960	0	48,782	62,960	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	16,711	3,004	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	20,090	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	21,900	0	192.05
192.06	19205	VNA OF CENTRAL IL	7,174	0	0	7,174	0	192.06
192.07	19206	GAMBRO	18,654	0	17,123	18,654	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207	SIU MAP PROGRAM	30,069	0	0	30,069	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210	SOUTHGTH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	31,423,507	0	4,898,198	10,536,718	3,402,149	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.379695	0.000000	2.288297	12.469784	8.856811	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,819,069	0	246,522	703,894	321,440	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.579144	0.000000	0.115168	0.833030	0.836804	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	262,456					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,023	0	159,103			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,774	0	0	81,022,104		14.00
15.00	01500	PHARMACY	8,097	0	0	188,538	28,421,586	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,667	0	0	951	0	16.00
17.00	01700	SOCIAL SERVICE	1,166	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,568	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	26	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	282	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,811	0	58,811	2,406,100	209,862	30.00
31.00	03100	INTENSIVE CARE UNIT	11,325	0	11,325	943,281	58,982	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,721	0	1,721	163,855	13,935	33.00
40.00	04000	SUBPROVIDER - IPF	6,633	0	6,633	58,910	1,596	40.00
41.00	04100	SUBPROVIDER - IRF	3,258	0	3,258	75,380	1,783	41.00
43.00	04300	NURSERY	1,431	0	1,431	113,097	4,585	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,525	0	24,525	36,156,971	100,542	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,346	0	3,346	264,559	10,724	52.00
53.00	05300	ANESTHESIOLOGY	1,595	0	1,595	1,479,153	105,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,908	0	13,908	5,387,330	27,501	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,659	0	0	210,144	1,053	55.00
57.00	05700	CT SCAN	2,389	0	0	430,554	33,173	57.00
58.00	05800	MRI	1,217	0	0	54,047	2,751	58.00
60.00	06000	LABORATORY	18,404	0	0	9,814,339	6,492	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	667	0	0	236,888	3	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,622	0	0	683,133	59,805	65.00
66.00	06600	PHYSICAL THERAPY	10,250	0	0	108,247	152	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,314	0	0	8,267	0	67.00
68.00	06800	SPEECH PATHOLOGY	993	0	0	10,295	2	68.00
69.00	06900	ELECTROCARDIOLOGY	9,101	0	9,101	14,076,592	59,066	69.00
69.01	03340	GI UNIT	2,671	0	2,671	1,209,807	28,736	69.01
69.02	03650	VASCULAR LAB	1,320	0	1,320	385,706	213	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,155	0	0	67,222	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	376	0	376	1,184,005	23	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,558,400	73.00
73.01	03640	RENAL TXPLANT LAB	312	0	0	245,903	0	73.01
74.00	07400	RENAL DIALYSIS	1,242	0	1,242	0	11,620	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,565	0	1,356	3,607,770	18,071	75.00
76.97	07697	CARDIAC REHABILITATION	1,504	0	1,504	31,380	293	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,980	0	14,980	1,418,616	106,331	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	490	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,387	0	159,103	81,021,040	28,421,586	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	127	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	5,129	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	2,178	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	635	0	0	1,064	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	9,280,970	0	4,910,267	8,005,263	15,421,842	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.362004	0.000000	30.862190	0.098803	0.542610	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	895,184	0	296,741	1,367,972	1,278,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.410796	0.000000	1.865087	0.016884	0.044988	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: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
17.00	01700	SOCIAL SERVICE	0	9,752				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0				23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,957	6,728	0	0	4,831	30.00
31.00	03100	INTENSIVE CARE UNIT	127	152	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	70	210	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	682	1,196	0	0	600	40.00
41.00	04100	SUBPROVIDER - IRF	451	173	0	0	30	41.00
43.00	04300	NURSERY	62	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220	0	0	0	2,109	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	55	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164	0	0	0	568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	93	51	0	0	0	55.00
57.00	05700	CT SCAN	235	0	0	0	0	57.00
58.00	05800	MRI	55	0	0	0	0	58.00
60.00	06000	LABORATORY	201	0	0	0	9	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	22	0	0	0	30	65.00
66.00	06600	PHYSICAL THERAPY	39	35	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	236	0	0	0	47	69.00
69.01	03340	GI UNIT	42	1,120	0	0	0	69.01
69.02	03650	VASCULAR LAB	8	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	79	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	6	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	186	48	0	0	822	91.00
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
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	9,752	0	0	9,046	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
NONREIMBURSABLE COST CENTERS			16.00	17.00	19.00	20.00	21.00	
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	954	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,421,241	1,382,129	0	0	13,508,306	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	842.124100	141.727748	0.000000	0.000000	1,350.830600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	762,992	28,027	0	0	510,962	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	76.299200	2.873975	0.000000	0.000000	51.096200	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)	
			SERVICES-OTHER			
			PRGM COSTS			
			APPRV (ASSIGNED TIME)			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00	02300	PARAMED ED PRGM-(EMS)		100		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,831	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	600	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	30	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,109	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	568	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	9	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	30	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47	0	0	69.00
69.01	03340	GI UNIT	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	822	100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,046	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet B-1
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(EMS) (ASSIGNED TIME)	PARAMED ED PRGM-(PHARMACY) (ASSIGNED TIME)	
			SERVICES-OTHER			
			PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	954	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N.DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-2,836,129	31,076	393,370	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	310.760000	3,933.700000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	642	16,293	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.420000	162.930000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 9:09 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,222,437		97,222,437	128,651	97,351,088	30.00
31.00	03100	INTENSIVE CARE UNIT	18,587,571		18,587,571	132,369	18,719,940	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,352,876		3,352,876	49,080	3,401,956	33.00
40.00	04000	SUBPROVIDER - IPF	10,572,201		10,572,201	3,078	10,575,279	40.00
41.00	04100	SUBPROVIDER - IRF	4,849,215		4,849,215	1,245	4,850,460	41.00
43.00	04300	NURSERY	1,950,756		1,950,756	16,037	1,966,793	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,773,563		69,773,563	126,701	69,900,264	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,812,413		3,812,413	0	3,812,413	52.00
53.00	05300	ANESTHESIOLOGY	6,636,615		6,636,615	23,470	6,660,085	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,388,388		30,388,388	120,586	30,508,974	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,045,273		6,045,273	3,555	6,048,828	55.00
57.00	05700	CT SCAN	5,208,464		5,208,464	0	5,208,464	57.00
58.00	05800	MRI	2,367,925		2,367,925	0	2,367,925	58.00
60.00	06000	LABORATORY	38,018,371		38,018,371	238,641	38,257,012	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,219,258		4,219,258	0	4,219,258	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,991,566	0	8,991,566	73,493	9,065,059	65.00
66.00	06600	PHYSICAL THERAPY	14,548,878	0	14,548,878	99,600	14,648,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,254,850	0	3,254,850	0	3,254,850	67.00
68.00	06800	SPEECH PATHOLOGY	1,445,031	0	1,445,031	0	1,445,031	68.00
69.00	06900	ELECTROCARDIOLOGY	26,689,621		26,689,621	114,707	26,804,328	69.00
69.01	03340	GI UNIT	6,493,902		6,493,902	30,488	6,524,390	69.01
69.02	03650	VASCULAR LAB	2,556,126		2,556,126	7,161	2,563,287	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,748,282		1,748,282	60,533	1,808,815	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,721,405		2,721,405	0	2,721,405	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	41,430,965		41,430,965	0	41,430,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,613,739		49,613,739	0	49,613,739	73.00
73.01	03640	RENAL TXPLANT LAB	770,673		770,673	6,735	777,408	73.01
74.00	07400	RENAL DIALYSIS	2,505,100		2,505,100	11,282	2,516,382	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,110,025		10,110,025	0	10,110,025	75.00
76.97	07697	CARDIAC REHABILITATION	2,005,500		2,005,500	47,917	2,053,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	29,707,653		29,707,653	64,749	29,772,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,887,982		2,887,982		2,887,982	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,094,756		2,094,756		2,094,756	105.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	512,581,380	0	512,581,380	1,360,078	513,941,458	200.00
201.00		Less Observation Beds	2,887,982		2,887,982		2,887,982	201.00
202.00		Total (see instructions)	509,693,398	0	509,693,398	1,360,078	511,053,476	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 9:09 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	141,350,409		141,350,409		30.00
31.00	03100	INTENSIVE CARE UNIT	38,144,563		38,144,563		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,774,492		6,774,492		33.00
40.00	04000	SUBPROVIDER - IPF	23,257,658		23,257,658		40.00
41.00	04100	SUBPROVIDER - IRF	8,710,214		8,710,214		41.00
43.00	04300	NURSERY	4,758,410		4,758,410		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	182,443,447	133,117,434	315,560,881	0.221110	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,554,941	128,750	11,683,691	0.326302	0.000000
53.00	05300	ANESTHESIOLOGY	23,118,128	33,357,812	56,475,940	0.117512	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,385,239	99,124,231	147,509,470	0.206010	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,566,617	55,973,529	58,540,146	0.103267	0.000000
57.00	05700	CT SCAN	85,931,402	141,919,479	227,850,881	0.022859	0.000000
58.00	05800	MRI	15,668,156	33,104,987	48,773,143	0.048550	0.000000
60.00	06000	LABORATORY	94,163,984	121,533,065	215,697,049	0.176258	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,046,729	3,311,604	14,358,333	0.293854	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	61,935,607	13,162,966	75,098,573	0.119730	0.000000
66.00	06600	PHYSICAL THERAPY	16,256,750	23,409,074	39,665,824	0.366786	0.000000
67.00	06700	OCCUPATIONAL THERAPY	12,344,289	464,663	12,808,952	0.254107	0.000000
68.00	06800	SPEECH PATHOLOGY	4,150,455	70,127	4,220,582	0.342377	0.000000
69.00	06900	ELECTROCARDIOLOGY	99,720,176	142,918,889	242,639,065	0.109997	0.000000
69.01	03340	GI UNIT	5,943,432	25,654,694	31,598,126	0.205515	0.000000
69.02	03650	VASCULAR LAB	11,036,610	4,667,139	15,703,749	0.162772	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	4,994,660	1,060,198	6,054,858	0.288740	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,343,492	1,083,105	9,426,597	0.288694	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	153,511,421	82,614,152	236,125,573	0.175462	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	120,615,353	91,384,206	211,999,559	0.234028	0.000000
73.01	03640	RENAL TXPLANT LAB	23,562	392,412	415,974	1.852695	0.000000
74.00	07400	RENAL DIALYSIS	10,035,546	3,097,258	13,132,804	0.190751	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	734,877	47,900,728	48,635,605	0.207873	0.000000
76.97	07697	CARDIAC REHABILITATION	2,727,682	3,546,122	6,273,804	0.319663	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	50,257,982	85,218,736	135,476,718	0.219282	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,418,192	4,460,275	5,878,467	0.491281	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,261,924,475	1,152,675,635	2,414,600,110		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,261,924,475	1,152,675,635	2,414,600,110		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/28/2020 9:09 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.221511		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326302		52.00
53.00	05300	ANESTHESIOLOGY	0.117928		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206827		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103328		55.00
57.00	05700	CT SCAN	0.022859		57.00
58.00	05800	MRI	0.048550		58.00
60.00	06000	LABORATORY	0.177365		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.293854		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.120709		65.00
66.00	06600	PHYSICAL THERAPY	0.369297		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254107		67.00
68.00	06800	SPEECH PATHOLOGY	0.342377		68.00
69.00	06900	ELECTROCARDIOLOGY	0.110470		69.00
69.01	03340	GI UNIT	0.206480		69.01
69.02	03650	VASCULAR LAB	0.163228		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298738		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.288694		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.175462		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234028		73.00
73.01	03640	RENAL TXPLANT LAB	1.868886		73.01
74.00	07400	RENAL DIALYSIS	0.191610		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.207873		75.00
76.97	07697	CARDIAC REHABILITATION	0.327300		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.219760		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.491281		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,222,437		97,222,437	128,651	97,351,088
31.00	03100	INTENSIVE CARE UNIT	18,587,571		18,587,571	132,369	18,719,940
33.00	03300	BURN INTENSIVE CARE UNIT	3,352,876		3,352,876	49,080	3,401,956
40.00	04000	SUBPROVIDER - IPF	10,572,201		10,572,201	3,078	10,575,279
41.00	04100	SUBPROVIDER - IRF	4,849,215		4,849,215	1,245	4,850,460
43.00	04300	NURSERY	1,950,756		1,950,756	16,037	1,966,793
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	69,773,563		69,773,563	126,701	69,900,264
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,812,413		3,812,413	0	3,812,413
53.00	05300	ANESTHESIOLOGY	6,636,615		6,636,615	23,470	6,660,085
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,388,388		30,388,388	120,586	30,508,974
55.00	05500	RADIOLOGY-THERAPEUTIC	6,045,273		6,045,273	3,555	6,048,828
57.00	05700	CT SCAN	5,208,464		5,208,464	0	5,208,464
58.00	05800	MRI	2,367,925		2,367,925	0	2,367,925
60.00	06000	LABORATORY	38,018,371		38,018,371	238,641	38,257,012
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,219,258		4,219,258	0	4,219,258
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	8,991,566	0	8,991,566	73,493	9,065,059
66.00	06600	PHYSICAL THERAPY	14,548,878	0	14,548,878	99,600	14,648,478
67.00	06700	OCCUPATIONAL THERAPY	3,254,850	0	3,254,850	0	3,254,850
68.00	06800	SPEECH PATHOLOGY	1,445,031	0	1,445,031	0	1,445,031
69.00	06900	ELECTROCARDIOLOGY	26,689,621		26,689,621	114,707	26,804,328
69.01	03340	GI UNIT	6,493,902		6,493,902	30,488	6,524,390
69.02	03650	VASCULAR LAB	2,556,126		2,556,126	7,161	2,563,287
70.00	07000	ELECTROENCEPHALOGRAPHY	1,748,282		1,748,282	60,533	1,808,815
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,721,405		2,721,405	0	2,721,405
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	41,430,965		41,430,965	0	41,430,965
73.00	07300	DRUGS CHARGED TO PATIENTS	49,613,739		49,613,739	0	49,613,739
73.01	03640	RENAL TXPLANT LAB	770,673		770,673	6,735	777,408
74.00	07400	RENAL DIALYSIS	2,505,100		2,505,100	11,282	2,516,382
75.00	07500	ASC (NON-DISTINCT PART)	10,110,025		10,110,025	0	10,110,025
76.97	07697	CARDIAC REHABILITATION	2,005,500		2,005,500	47,917	2,053,417
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	29,707,653		29,707,653	64,749	29,772,402
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,887,982		2,887,982		2,887,982
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,094,756		2,094,756		2,094,756
109.00	10900	PANCREAS ACQUISITION	0		0		0
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	512,581,380	0	512,581,380	1,360,078	513,941,458
201.00		Less Observation Beds	2,887,982		2,887,982		2,887,982
202.00		Total (see instructions)	509,693,398	0	509,693,398	1,360,078	511,053,476

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,350,409		141,350,409		30.00
31.00	03100	INTENSIVE CARE UNIT	38,144,563		38,144,563		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,774,492		6,774,492		33.00
40.00	04000	SUBPROVIDER - IPF	23,257,658		23,257,658		40.00
41.00	04100	SUBPROVIDER - IRF	8,710,214		8,710,214		41.00
43.00	04300	NURSERY	4,758,410		4,758,410		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	182,443,447	133,117,434	315,560,881	0.221110	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,554,941	128,750	11,683,691	0.326302	0.000000
53.00	05300	ANESTHESIOLOGY	23,118,128	33,357,812	56,475,940	0.117512	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,385,239	99,124,231	147,509,470	0.206010	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,566,617	55,973,529	58,540,146	0.103267	0.000000
57.00	05700	CT SCAN	85,931,402	141,919,479	227,850,881	0.022859	0.000000
58.00	05800	MRI	15,668,156	33,104,987	48,773,143	0.048550	0.000000
60.00	06000	LABORATORY	94,163,984	121,533,065	215,697,049	0.176258	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,046,729	3,311,604	14,358,333	0.293854	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	61,935,607	13,162,966	75,098,573	0.119730	0.000000
66.00	06600	PHYSICAL THERAPY	16,256,750	23,409,074	39,665,824	0.366786	0.000000
67.00	06700	OCCUPATIONAL THERAPY	12,344,289	464,663	12,808,952	0.254107	0.000000
68.00	06800	SPEECH PATHOLOGY	4,150,455	70,127	4,220,582	0.342377	0.000000
69.00	06900	ELECTROCARDIOLOGY	99,720,176	142,918,889	242,639,065	0.109997	0.000000
69.01	03340	GI UNIT	5,943,432	25,654,694	31,598,126	0.205515	0.000000
69.02	03650	VASCULAR LAB	11,036,610	4,667,139	15,703,749	0.162772	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	4,994,660	1,060,198	6,054,858	0.288740	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,343,492	1,083,105	9,426,597	0.288694	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	153,511,421	82,614,152	236,125,573	0.175462	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	120,615,353	91,384,206	211,999,559	0.234028	0.000000
73.01	03640	RENAL TXPLANT LAB	23,562	392,412	415,974	1.852695	0.000000
74.00	07400	RENAL DIALYSIS	10,035,546	3,097,258	13,132,804	0.190751	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	734,877	47,900,728	48,635,605	0.207873	0.000000
76.97	07697	CARDIAC REHABILITATION	2,727,682	3,546,122	6,273,804	0.319663	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	50,257,982	85,218,736	135,476,718	0.219282	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,418,192	4,460,275	5,878,467	0.491281	0.000000
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,261,924,475	1,152,675,635	2,414,600,110		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,261,924,475	1,152,675,635	2,414,600,110		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
40.00	04000	SUBPROVIDER - IPF				40.00
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03340	GI UNIT	0.000000			69.01
69.02	03650	VASCULAR LAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03640	RENAL TXPLANT LAB	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/28/2020 9:09 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	12,938,097	0	12,938,097	93,846	137.87	30.00
31.00	INTENSIVE CARE UNIT	1,908,798		1,908,798	10,809	176.59	31.00
33.00	BURN INTENSIVE CARE UNIT	372,645		372,645	2,085	178.73	33.00
40.00	SUBPROVIDER - IPF	1,269,389	0	1,269,389	9,851	128.86	40.00
41.00	SUBPROVIDER - IRF	456,064	0	456,064	6,606	69.04	41.00
43.00	NURSERY	150,559		150,559	2,863	52.59	43.00
200.00	Total (lines 30 through 199)	17,095,552		17,095,552	126,060		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	41,008	5,653,773				30.00
31.00	INTENSIVE CARE UNIT	4,692	828,560				31.00
33.00	BURN INTENSIVE CARE UNIT	858	153,350				33.00
40.00	SUBPROVIDER - IPF	2,989	385,163				40.00
41.00	SUBPROVIDER - IRF	3,178	219,409				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	52,725	7,240,255				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/28/2020 9:09 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	9,243,955	315,560,881	0.029294	66,253,878	1,940,841
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,662	11,683,691	0.016918	0	0
53.00	05300	ANESTHESIOLOGY	1,106,798	56,475,940	0.019598	8,605,986	168,660
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,829,636	147,509,470	0.025962	21,808,029	566,180
55.00	05500	RADIOLOGY-THERAPEUTIC	1,110,716	58,540,146	0.018974	960,839	18,231
57.00	05700	CT SCAN	734,137	227,850,881	0.003222	36,864,016	118,776
58.00	05800	MRI	158,449	48,773,143	0.003249	6,703,044	21,778
60.00	06000	LABORATORY	3,124,982	215,697,049	0.014488	40,121,449	581,280
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	103,207	14,358,333	0.007188	4,560,832	32,783
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	643,952	75,098,573	0.008575	29,579,008	253,640
66.00	06600	PHYSICAL THERAPY	995,592	39,665,824	0.025099	5,717,720	143,509
67.00	06700	OCCUPATIONAL THERAPY	250,640	12,808,952	0.019568	3,972,715	77,738
68.00	06800	SPEECH PATHOLOGY	78,190	4,220,582	0.018526	1,394,550	25,835
69.00	06900	ELECTROCARDIOLOGY	2,149,882	242,639,065	0.008860	42,908,690	380,171
69.01	03340	GI UNIT	774,480	31,598,126	0.024510	2,864,297	70,204
69.02	03650	VASCULAR LAB	275,861	15,703,749	0.017567	5,042,505	88,582
70.00	07000	ELECTROENCEPHALOGRAPHY	190,349	6,054,858	0.031437	1,844,938	57,999
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,281	9,426,597	0.010426	3,900,578	40,667
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	715,053	236,125,573	0.003028	73,164,540	221,542
73.00	07300	DRUGS CHARGED TO PATIENTS	1,831,351	211,999,559	0.008638	49,237,604	425,314
73.01	03640	RENAL TXPLANT LAB	72,857	415,974	0.175148	0	0
74.00	07400	RENAL DIALYSIS	295,317	13,132,804	0.022487	6,057,692	136,219
75.00	07500	ASC (NON-DISTINCT PART)	919,690	48,635,605	0.018910	0	0
76.97	07697	CARDIAC REHABILITATION	57,933	6,273,804	0.009234	1,182,178	10,916
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,616,464	135,476,718	0.011932	19,841,225	236,745
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	383,816	5,878,467	0.065292	657,999	42,962
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	30,959,250	2,191,604,364		433,244,312	5,660,572

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 9:09 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	93,846	0.00	41,008	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	10,809	0.00	4,692	31.00			
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,085	0.00	858	33.00			
40.00	04000	SUBPROVIDER - IPF	0	0	9,851	0.00	2,989	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	6,606	0.00	3,178	41.00			
43.00	04300	NURSERY		0	2,863	0.00	0	43.00			
200.00		Total (lines 30 through 199)		0	126,060		52,725	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			
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00			
40.00	04000	SUBPROVIDER - IPF	0					40.00			
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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	393,370	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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							
91.00	09100	EMERGENCY	0	0	0	31,076	91.00
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
200.00		Total (lines 50 through 199)	0	0	0	424,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 9:09 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	315,560,881	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,683,691	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	56,475,940	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	147,509,470	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	58,540,146	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	227,850,881	0.000000	57.00
58.00	05800	MRI	0	0	0	48,773,143	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	215,697,049	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,358,333	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	75,098,573	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	39,665,824	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,808,952	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,220,582	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	242,639,065	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	31,598,126	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,703,749	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,054,858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,426,597	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	236,125,573	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	393,370	393,370	211,999,559	0.001856	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	415,974	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,132,804	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	48,635,605	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6,273,804	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	31,076	31,076	135,476,718	0.000229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,878,467	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	424,446	424,446	2,191,604,364		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 9:09 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	66,253,878	0	41,217,738	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,605,986	0	7,748,379	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	21,808,029	0	28,288,063	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	960,839	0	20,429,636	0	55.00
57.00	05700	CT SCAN	0.000000	36,864,016	0	40,103,964	0	57.00
58.00	05800	MRI	0.000000	6,703,044	0	7,725,675	0	58.00
60.00	06000	LABORATORY	0.000000	40,121,449	0	13,026,082	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,560,832	0	1,486,314	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	29,579,008	0	2,705,690	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,717,720	0	405,537	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,972,715	0	50,214	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,394,550	0	12,800	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	42,908,690	0	50,675,539	0	69.00
69.01	03340	GI UNIT	0.000000	2,864,297	0	5,388,827	0	69.01
69.02	03650	VASCULAR LAB	0.000000	5,042,505	0	2,697,843	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,844,938	0	838,996	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,900,578	0	258,495	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	73,164,540	0	31,238,088	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001856	49,237,604	91,385	32,699,947	60,691	73.00
73.01	03640	RENAL TXPLANT LAB	0.000000	0	0	5,014	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	6,057,692	0	1,589,968	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	4,830,035	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,182,178	0	1,020,602	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000229	19,841,225	4,544	17,966,205	4,114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	657,999	0	978,382	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)		433,244,312	95,929	313,388,033	64,805	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/28/2020 9:09 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	0.221110	41,217,738	0	0	9,113,654	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326302	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.117512	7,748,379	0	0	910,528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206010	28,288,063	0	968	5,827,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103267	20,429,636	0	0	2,109,707	55.00
57.00	05700	CT SCAN	0.022859	40,103,964	0	1,106	916,737	57.00
58.00	05800	MRI	0.048550	7,725,675	0	0	375,082	58.00
60.00	06000	LABORATORY	0.176258	13,026,082	418	0	2,295,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.293854	1,486,314	0	0	436,759	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.119730	2,705,690	0	0	323,952	65.00
66.00	06600	PHYSICAL THERAPY	0.366786	405,537	0	0	148,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254107	50,214	0	0	12,760	67.00
68.00	06800	SPEECH PATHOLOGY	0.342377	12,800	0	0	4,382	68.00
69.00	06900	ELECTROCARDIOLOGY	0.109997	50,675,539	0	415	5,574,157	69.00
69.01	03340	GI UNIT	0.205515	5,388,827	0	0	1,107,485	69.01
69.02	03650	VASCULAR LAB	0.162772	2,697,843	0	0	439,133	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.288740	838,996	0	0	242,252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.288694	258,495	0	0	74,626	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.175462	31,238,088	0	0	5,481,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234028	32,699,947	0	11,334	7,652,703	73.00
73.01	03640	RENAL TXPLANT LAB	1.852695	5,014	0	0	9,289	73.01
74.00	07400	RENAL DIALYSIS	0.190751	1,589,968	0	0	303,288	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.207873	4,830,035	0	0	1,004,034	75.00
76.97	07697	CARDIAC REHABILITATION	0.319663	1,020,602	0	0	326,249	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.219282	17,966,205	32	0	3,939,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.491281	978,382	0	0	480,660	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00		Subtotal (see instructions)		313,388,033	450	13,823	49,110,519	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		313,388,033	450	13,823	49,110,519	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0148		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/28/2020 9:09 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
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	199		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	25		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	74	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	46		69.00
69.01	03340	GI UNIT	0	0		69.01
69.02	03650	VASCULAR LAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,652		73.00
73.01	03640	RENAL TXPLANT LAB	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7	0		91.00
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)	81	2,922		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	81	2,922		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:

Worksheet D

Component CCN: 14-S148

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/28/2020 9:09 am

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,243,955	315,560,881	0.029294	874	26	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,662	11,683,691	0.016918	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,106,798	56,475,940	0.019598	151,282	2,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,829,636	147,509,470	0.025962	66,327	1,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,110,716	58,540,146	0.018974	0	0	55.00
57.00	05700	CT SCAN	734,137	227,850,881	0.003222	196,110	632	57.00
58.00	05800	MRI	158,449	48,773,143	0.003249	30,462	99	58.00
60.00	06000	LABORATORY	3,124,982	215,697,049	0.014488	540,722	7,834	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	103,207	14,358,333	0.007188	681	5	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	643,952	75,098,573	0.008575	46,970	403	65.00
66.00	06600	PHYSICAL THERAPY	995,592	39,665,824	0.025099	27,985	702	66.00
67.00	06700	OCCUPATIONAL THERAPY	250,640	12,808,952	0.019568	17,802	348	67.00
68.00	06800	SPEECH PATHOLOGY	78,190	4,220,582	0.018526	5,021	93	68.00
69.00	06900	ELECTROCARDIOLOGY	2,149,882	242,639,065	0.008860	71,945	637	69.00
69.01	03340	GI UNIT	774,480	31,598,126	0.024510	0	0	69.01
69.02	03650	VASCULAR LAB	275,861	15,703,749	0.017567	14,354	252	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	190,349	6,054,858	0.031437	17,186	540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,281	9,426,597	0.010426	1,737	18	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	715,053	236,125,573	0.003028	2,177	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,831,351	211,999,559	0.008638	344,465	2,975	73.00
73.01	03640	RENAL TXPLANT LAB	72,857	415,974	0.175148	0	0	73.01
74.00	07400	RENAL DIALYSIS	295,317	13,132,804	0.022487	5,244	118	74.00
75.00	07500	ASC (NON-DISTINCT PART)	919,690	48,635,605	0.018910	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	57,933	6,273,804	0.009234	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								
91.00	09100	EMERGENCY	1,616,464	135,476,718	0.011932	431,105	5,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,878,467	0.000000	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)	30,575,434	2,191,604,364		1,972,449	24,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am	
			Title XVIII		Subprovider - IPF		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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	393,370	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	31,076	91.00
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	424,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am	
				Title XVIII		Subprovider - IPF		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	315,560,881	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	11,683,691	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	56,475,940	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	147,509,470	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	58,540,146	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	227,850,881	0.000000	57.00
58.00	05800	MRI		0	0	0	48,773,143	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	215,697,049	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	14,358,333	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	75,098,573	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	39,665,824	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	12,808,952	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,220,582	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	242,639,065	0.000000	69.00
69.01	03340	GI UNIT		0	0	0	31,598,126	0.000000	69.01
69.02	03650	VASCULAR LAB		0	0	0	15,703,749	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,054,858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	9,426,597	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	236,125,573	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	393,370	393,370	211,999,559	0.001856	73.00
73.01	03640	RENAL TXPLANT LAB		0	0	0	415,974	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	13,132,804	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	48,635,605	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	6,273,804	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	31,076	31,076	135,476,718	0.000229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	5,878,467	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	424,446	424,446	2,191,604,364		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am		
				Title XVIII		Subprovider - IPF		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
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	874	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	151,282	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	66,327	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0.000000	196,110	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	30,462	0	0	0	0	58.00	
60.00	06000	LABORATORY	0.000000	540,722	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	681	0	0	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.000000	46,970	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	27,985	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	17,802	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	5,021	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	71,945	0	0	0	0	69.00	
69.01	03340	GI UNIT	0.000000	0	0	0	0	0	69.01	
69.02	03650	VASCULAR LAB	0.000000	14,354	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	17,186	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,737	0	0	0	0	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	2,177	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001856	344,465	639	0	0	0	73.00	
73.01	03640	RENAL TXPLANT LAB	0.000000	0	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	5,244	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000229	431,105	99	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00	
	OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00	
200.00		Total (lines 50 through 199)		1,972,449	738	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/28/2020 9:09 am		
				Component CCN: 14-T148				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,243,955	315,560,881	0.029294	35,794	1,049	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,662	11,683,691	0.016918	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,106,798	56,475,940	0.019598	8,149	160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,829,636	147,509,470	0.025962	107,089	2,780	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,110,716	58,540,146	0.018974	47,504	901	55.00
57.00	05700	CT SCAN	734,137	227,850,881	0.003222	145,305	468	57.00
58.00	05800	MRI	158,449	48,773,143	0.003249	52,137	169	58.00
60.00	06000	LABORATORY	3,124,982	215,697,049	0.014488	406,514	5,890	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	103,207	14,358,333	0.007188	8,678	62	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	643,952	75,098,573	0.008575	425,883	3,652	65.00
66.00	06600	PHYSICAL THERAPY	995,592	39,665,824	0.025099	1,980,665	49,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	250,640	12,808,952	0.019568	1,898,731	37,154	67.00
68.00	06800	SPEECH PATHOLOGY	78,190	4,220,582	0.018526	691,362	12,808	68.00
69.00	06900	ELECTROCARDIOLOGY	2,149,882	242,639,065	0.008860	54,436	482	69.00
69.01	03340	GI UNIT	774,480	31,598,126	0.024510	15,545	381	69.01
69.02	03650	VASCULAR LAB	275,861	15,703,749	0.017567	41,278	725	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	190,349	6,054,858	0.031437	7,156	225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,281	9,426,597	0.010426	73,593	767	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	715,053	236,125,573	0.003028	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,831,351	211,999,559	0.008638	557,612	4,817	73.00
73.01	03640	RENAL TXPLANT LAB	72,857	415,974	0.175148	0	0	73.01
74.00	07400	RENAL DIALYSIS	295,317	13,132,804	0.022487	243,243	5,470	74.00
75.00	07500	ASC (NON-DISTINCT PART)	919,690	48,635,605	0.018910	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	57,933	6,273,804	0.009234	4,841	45	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,616,464	135,476,718	0.011932	860	10	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,878,467	0.000000	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)	30,575,434	2,191,604,364		6,806,375	127,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
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	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	393,370	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	31,076	91.00
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	424,446	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	315,560,881	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	11,683,691	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	56,475,940	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	147,509,470	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	58,540,146	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	227,850,881	0.000000	57.00
58.00	05800	MRI		0	0	0	48,773,143	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	215,697,049	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	14,358,333	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	75,098,573	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	39,665,824	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	12,808,952	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	4,220,582	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	242,639,065	0.000000	69.00
69.01	03340	GI UNIT		0	0	0	31,598,126	0.000000	69.01
69.02	03650	VASCULAR LAB		0	0	0	15,703,749	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,054,858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	9,426,597	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	236,125,573	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	393,370	393,370	211,999,559	0.001856	73.00
73.01	03640	RENAL TXPLANT LAB		0	0	0	415,974	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	13,132,804	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	48,635,605	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	6,273,804	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	31,076	31,076	135,476,718	0.000229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	5,878,467	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	424,446	424,446	2,191,604,364		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 9:09 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		35,794	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		8,149	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		107,089	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		47,504	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		145,305	0	0	0	57.00
58.00	05800	MRI	0.000000		52,137	0	0	0	58.00
60.00	06000	LABORATORY	0.000000		406,514	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		8,678	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		425,883	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,980,665	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,898,731	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		691,362	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		54,436	0	0	0	69.00
69.01	03340	GI UNIT	0.000000		15,545	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.000000		41,278	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		7,156	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		73,593	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001856		557,612	1,035	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		243,243	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		4,841	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000229		860	0	0	0	91.00
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)			6,806,375	1,035	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		93,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		93,846	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.		89,764	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,298	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)		41,008	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)		97,351,088	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)		97,351,088	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		127,989,940	28.00
29.00	Private room charges (excluding swing-bed charges)		126,502,905	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,487,035	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.760615	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,409.28	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,145.64	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		263.64	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		200.53	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		18,000,375	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		79,350,713	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,037.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		42,539,649	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)		42,539,649	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 9:09 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,719,940	10,809	1,731.88	4,692	8,125,981	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	3,401,956	2,085	1,631.63	858	1,399,939	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)					75,517,668	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					127,583,237	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)					6,635,683	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,756,501	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,392,184	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					115,191,053	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,784	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,037.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,887,982	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 9:09 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	12,938,097	97,351,088	0.132901	2,887,982	383,816	90.00
91.00 Nursing School cost	0	97,351,088	0.000000	2,887,982	0	91.00
92.00 Allied health cost	0	97,351,088	0.000000	2,887,982	0	92.00
93.00 All other Medical Education	0	97,351,088	0.000000	2,887,982	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Subprovider - IPF	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)		9,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,851	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.		9,533	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		318	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,989	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)		10,575,279	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)		10,575,279	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		16,643,265	28.00
29.00	Private room charges (excluding swing-bed charges)		16,049,020	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		594,245	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.635409	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,683.52	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,868.69	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)		10,575,279	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,073.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,208,751	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,208,751	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1
			Component CCN: 14-S148		Date/Time Prepared: 2/28/2020 9:09 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					348,734
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,557,485
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					385,163
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,258
52.00 Total Program excludable cost (sum of lines 50 and 51)					410,421
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,147,064
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 9:09 am	
			Title XVIII		Subprovider - IPF	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	1,269,389	10,575,279	0.120034	0	0	90.00
91.00	Nursing School cost	0	10,575,279	0.000000	0	0	91.00
92.00	Allied health cost	0	10,575,279	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,575,279	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,606	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,606	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.		4,955	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,651	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)		3,178	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)		4,850,460	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)		4,850,460	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		8,707,800	28.00
29.00	Private room charges (excluding swing-bed charges)		6,522,840	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,184,960	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.557025	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,316.42	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,323.42	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)		4,850,460	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)		734.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,333,447	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)		2,333,447	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1	
				Component CCN: 14-T148		Date/Time Prepared: 2/28/2020 9:09 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,836,724	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,170,171	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)					219,409	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					128,763	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					348,172	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,821,999	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0148

Period:

Worksheet D-1

Component CCN: 14-T148

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

Date/Time Prepared:

2/28/2020 9:09 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	456,064	4,850,460	0.094025	0	0	90.00
91.00	Nursing School cost	0	4,850,460	0.000000	0	0	91.00
92.00	Allied health cost	0	4,850,460	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,850,460	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 9:09 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		58,325,966		30.00
31.00	03100	INTENSIVE CARE UNIT		16,739,025		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,795,501		33.00
40.00	04000	SUBPROVIDER - IPF		34,768		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.221511	66,253,878	14,675,963	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.326302	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.117928	8,605,986	1,014,887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206827	21,808,029	4,510,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.103328	960,839	99,282	55.00
57.00	05700	CT SCAN	0.022859	36,864,016	842,675	57.00
58.00	05800	MRI	0.048550	6,703,044	325,433	58.00
60.00	06000	LABORATORY	0.177365	40,121,449	7,116,141	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.293854	4,560,832	1,340,219	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.120709	29,579,008	3,570,452	65.00
66.00	06600	PHYSICAL THERAPY	0.369297	5,717,720	2,111,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254107	3,972,715	1,009,495	67.00
68.00	06800	SPEECH PATHOLOGY	0.342377	1,394,550	477,462	68.00
69.00	06900	ELECTROCARDIOLOGY	0.110470	42,908,690	4,740,123	69.00
69.01	03340	GI UNIT	0.206480	2,864,297	591,420	69.01
69.02	03650	VASCULAR LAB	0.163228	5,042,505	823,078	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.298738	1,844,938	551,153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.288694	3,900,578	1,126,073	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.175462	73,164,540	12,837,597	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.234028	49,237,604	11,522,978	73.00
73.01	03640	RENAL TXPLANT LAB	1.868886	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.191610	6,057,692	1,160,714	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.207873	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.327300	1,182,178	386,927	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.219760	19,841,225	4,360,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.491281	657,999	323,262	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		433,244,312	75,517,668	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		433,244,312		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 9:09 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		5,418,311		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.221511	874	194	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.326302	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.117928	151,282	17,840	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206827	66,327	13,718	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103328	0	0	55.00
57.00	05700 CT SCAN	0.022859	196,110	4,483	57.00
58.00	05800 MRI	0.048550	30,462	1,479	58.00
60.00	06000 LABORATORY	0.177365	540,722	95,905	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.293854	681	200	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.120709	46,970	5,670	65.00
66.00	06600 PHYSICAL THERAPY	0.369297	27,985	10,335	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254107	17,802	4,524	67.00
68.00	06800 SPEECH PATHOLOGY	0.342377	5,021	1,719	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110470	71,945	7,948	69.00
69.01	03340 GI UNIT	0.206480	0	0	69.01
69.02	03650 VASCULAR LAB	0.163228	14,354	2,343	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.298738	17,186	5,134	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.288694	1,737	501	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.175462	2,177	382	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.234028	344,465	80,614	73.00
73.01	03640 RENAL TXPLANT LAB	1.868886	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.191610	5,244	1,005	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.207873	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.327300	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.219760	431,105	94,740	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491281	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,972,449	348,734	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)		1,972,449		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 9:09 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,153,635		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.221511	35,794	7,929	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.326302	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.117928	8,149	961	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206827	107,089	22,149	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.103328	47,504	4,908	55.00
57.00	05700 CT SCAN	0.022859	145,305	3,322	57.00
58.00	05800 MRI	0.048550	52,137	2,531	58.00
60.00	06000 LABORATORY	0.177365	406,514	72,101	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.293854	8,678	2,550	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.120709	425,883	51,408	65.00
66.00	06600 PHYSICAL THERAPY	0.369297	1,980,665	731,454	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254107	1,898,731	482,481	67.00
68.00	06800 SPEECH PATHOLOGY	0.342377	691,362	236,706	68.00
69.00	06900 ELECTROCARDIOLOGY	0.110470	54,436	6,014	69.00
69.01	03340 GI UNIT	0.206480	15,545	3,210	69.01
69.02	03650 VASCULAR LAB	0.163228	41,278	6,738	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.298738	7,156	2,138	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.288694	73,593	21,246	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.175462	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.234028	557,612	130,497	73.00
73.01	03640 RENAL TXPLANT LAB	1.868886	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.191610	243,243	46,608	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.207873	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.327300	4,841	1,584	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.219760	860	189	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.491281	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,806,375	1,836,724	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)		6,806,375		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

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

Worksheet D-4

Component CCN:

Date/Time Prepared:

2/28/2020 9:09 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1	Inpatient	Per Diem Costs	Organ	Cost (col. 2 x	
		Line Numbers	Routine Organ	(from Wkst.	Acquisition	col. 3)	
		Charges	D-1, Part II)				
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	36,424	1,037.35	35	36,307	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,875	1,731.88	3	5,196	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,631.63	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		42,299		38	41,503	7.00
Cost Center Description			Worksheet C	Ratio of	Organ	Organ	
			Line Numbers	Cost/Charges	Acquisition	Acquisition	
			(from Wkst. C)	Ancillary	Ancillary		
			Charges	Costs			
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.221110	546,184	120,767	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.326302	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.117512	93,801	11,023	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.206010	95,559	19,686	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.103267	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.022859	118,899	2,718	15.00
16.00	MRI		58.00	0.048550	3,886	189	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.176258	657,252	115,846	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.293854	25,362	7,453	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.119730	29,062	3,480	23.00
24.00	PHYSICAL THERAPY		66.00	0.366786	2,082	764	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.254107	1,118	284	25.00
26.00	SPEECH PATHOLOGY		68.00	0.342377	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.109997	175,945	19,353	27.00
27.01	GI UNIT		69.01	0.205515	4,504	926	27.01
27.02	VASCULAR LAB		69.02	0.162772	1,220	199	27.02
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.288740	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.288694	1,956	565	29.00
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		72.00	0.175462	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.234028	57,303	13,411	31.00
31.01	RENAL TXPLANT LAB		73.01	1.852695	456,089	844,994	31.01
32.00	RENAL DIALYSIS		74.00	0.190751	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.207873	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.319663	573	183	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
38.00	EMERGENCY		91.00	0.219282	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.491281	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,270,795	1,161,841	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

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

Worksheet D-4

Component CCN:

Date/Time Prepared:

2/28/2020 9:09 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	35	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			38	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,203,344		2,313,094			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,094,756		2,409,790			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,298,100		4,722,884			61.00
62.00	Total Usable Organs (see instructions)		54				62.00
63.00	Medicare Usable Organs (see instructions)		33				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.611111				64.00
65.00	Medicare Cost/Charges (see instructions)	2,015,505		2,886,206			65.00
66.00	Revenue for Organs Sold	42,500		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,973,005		2,886,206			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,973,005	0	2,886,206	0	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		9	25			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	24			73.00
74.00	Total (sum of lines 70 through 73)		9	49			74.00
75.00	Organs Transplanted		9	24	0		75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	21	42,500		77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0			81.00
82.00	Organs Used for Research		0	0			82.00
83.00	Unusable/Discarded Organs		0	4			83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		9	49			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 9:09 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)		84,710,969		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		4,906,203		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments		33,299,075		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		382.23		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)			87.55	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)			87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			190.12	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)			87.55	12.00
13.00	Total allowable FTE count for the prior year.			87.55	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.			87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.			87.55	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			87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.229051	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.221629	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.221629	21.00
22.00	IME payment adjustment (see instructions)			9,657,898	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,796,428	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) .			14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			102.57	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)			14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.037412	26.00
27.00	IME payments adjustment factor. (see instructions)			0.009891	27.00
28.00	IME add-on adjustment amount (see instructions)			837,876	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			329,361	28.01
29.00	Total IME payment (sum of lines 22 and 28)			10,495,774	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			4,125,789	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.81	31.00
32.00	Sum of lines 30 and 31			21.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.24	33.00
34.00	Disproportionate share adjustment (see instructions)			1,533,269	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 9:09 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	3,062,435	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	3,062,435	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,062,435		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	104,708,650			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)			108,834,439	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,740,244	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			3,733,957	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			5,600	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)			1,973,005	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)			95,929	58.00
59.00	Total (sum of amounts on lines 49 through 58)			123,383,174	59.00
60.00	Primary payer payments			76,582	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			123,306,592	61.00
62.00	Deductibles billed to program beneficiaries			8,464,580	62.00
63.00	Coinsurance billed to program beneficiaries			496,544	63.00
64.00	Allowable bad debts (see instructions)			2,043,221	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,328,094	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,509,504	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			115,673,562	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			32,500	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	MSP PASS THRU RECONCILIATION			546	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)			-409,221	70.93
70.94	HRR adjustment amount (see instructions)			-127,072	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 9:09 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)		115,105,315	71.00
71.01	Sequestration adjustment (see instructions)		2,302,106	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		112,309,043	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)		494,166	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		399,301	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,003	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		49,045,714	2.00
3.00	OPPS payments		47,380,077	3.00
4.00	Outlier payment (see instructions)		117,944	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		64,805	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,003	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,273	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)		14,273	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)		14,273	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,270	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)		3,003	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)		47,562,826	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)		8,561,001	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)		39,004,828	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,336,495	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)		40,341,323	30.00
31.00	Primary payer payments		2,812	31.00
32.00	Subtotal (line 30 minus line 31)		40,338,511	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)		1,524,592	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		990,985	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,135,291	36.00
37.00	Subtotal (see instructions)		41,329,496	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-195	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)		41,329,691	40.00
40.01	Sequestration adjustment (see instructions)		826,594	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		40,909,041	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-405,944	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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/28/2020 9:09 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		105,056,322		38,156,624	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		6,829,391		2,731,117	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	05/21/2019	423,330	05/21/2019	21,300	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		423,330		21,300	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)		112,309,043		40,909,041	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		494,166		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		405,944	6.02	
7.00	Total Medicare program liability (see instructions)		112,803,209		40,503,097	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:

Worksheet E-1

Component CCN: 14-S148

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/28/2020 9:09 am

Title XVIII

Subprovider -
IPF

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				0	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		2,361,248		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,361,248		0	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		124,930		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,486,178		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:

Worksheet E-1

Component CCN: 14-T148

From 10/01/2018
To 09/30/2019Part I
Date/Time Prepared:
2/28/2020 9:09 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,914,000		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,914,000		0	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		51,265		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,965,265		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/28/2020 9:09 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part II Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,476,135 1.00
2.00	Net IPF PPS Outlier Payments			13,034 2.00
3.00	Net IPF PPS ECT Payments			96,781 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			7.98 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.12 8.00
9.00	Average Daily Census (see instructions)			26.989041 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.057955 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			143,504 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,729,454 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,729,454 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,729,454 18.00
19.00	Deductibles			266,264 19.00
20.00	Subtotal (line 18 minus line 19)			2,463,190 20.00
21.00	Coinsurance			43,163 21.00
22.00	Subtotal (line 20 minus line 21)			2,420,027 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			178,694 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			116,151 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			140,848 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,536,178 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			738 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,536,916 31.00
31.01	Sequestration adjustment (see instructions)			50,738 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,361,248 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			124,930 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			13,034 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part III Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,617,184 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0253 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			284,880 3.00
4.00	Outlier Payments			66,143 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.83 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.59 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.59 9.00
10.00	Average Daily Census (see instructions)			18.098630 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.033139 11.00
12.00	Teaching Adjustment (see instructions)			153,009 12.00
13.00	Total PPS Payment (see instructions)			5,121,216 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,121,216 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,121,216 19.00
20.00	Deductibles			25,844 20.00
21.00	Subtotal (line 19 minus line 20)			5,095,372 21.00
22.00	Coinurance			43,576 22.00
23.00	Subtotal (line 21 minus line 22)			5,051,796 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			21,178 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			13,766 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,478 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,065,562 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,035 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,066,597 32.00
32.01	Sequestration adjustment (see instructions)			101,332 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,914,000 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			51,265 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			66,143 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 9:09 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			112.84	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			9.26	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			195.06	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	89.45	97.29	186.74	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	47.50	51.66	99.16	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	47.50	51.66		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	47.44	52.71		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	40.58	58.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	45.17	54.39		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	45.17	54.39		17.00
18.00	Per resident amount	87,165.01	87,165.01		18.00
19.00	Approved amount for resident costs	3,937,244	4,740,905	8,678,149	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			91.48	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,678,149	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	52,725	20,800		26.00
27.00	Total Inpatient Days (see instructions)	120,809	120,809		27.00
28.00	Ratio of inpatient days to total inpatient days	0.436433	0.172173		28.00
29.00	Program direct GME amount	3,787,431	1,494,143		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		211,122		30.00
31.00	Net Program direct GME amount			5,070,452	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		13,132,804	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		135,310,893	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,973,005	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		76,582	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		137,207,316	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		49,113,522	42.00
43.00	Primary payer payments (see instructions)		2,812	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		49,110,710	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		186,318,026	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.736415	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.263585	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,070,452	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,733,957	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,336,495	50.00

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

Provider CCN: 14-0148

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

Worksheet G

Date/Time Prepared:
2/28/2020 9:09 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	27,156,317	0	0	0	1.00
2.00	Temporary investments	16,084,586	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	117,010,415	0	0	0	4.00
5.00	Other receivable	17,639,285	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,744,000	0	0	0	6.00
7.00	Inventory	10,812,312	0	0	0	7.00
8.00	Prepaid expenses	4,836,576	0	0	0	8.00
9.00	Other current assets	7,266,945	0	0	0	9.00
10.00	Due from other funds	11,217,872	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	196,280,308	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,381,698	0	0	0	12.00
13.00	Land improvements	43,444,888	0	0	0	13.00
14.00	Accumulated depreciation	-23,882,512	0	0	0	14.00
15.00	Buildings	409,147,443	0	0	0	15.00
16.00	Accumulated depreciation	-209,695,950	0	0	0	16.00
17.00	Leasehold improvements	1,767,838	0	0	0	17.00
18.00	Accumulated depreciation	-1,230,606	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	195,116,985	0	0	0	23.00
24.00	Accumulated depreciation	-157,498,501	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)	262,551,283	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	42,591,297	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	444,198,701	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	486,789,998	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	945,621,589	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	45,492,106	0	0	0	37.00
38.00	Salaries, wages, and fees payable	25,271,700	0	0	0	38.00
39.00	Payroll taxes payable	378,580	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	37,288,671	0	0	0	43.00
44.00	Other current liabilities	14,676,543	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	123,107,600	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	235,010,536	0	0	0	46.00
47.00	Notes payable	1,390,045	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,883,736	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	260,284,317	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	383,391,917	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	562,229,672				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	562,229,672	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	945,621,589	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

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

Worksheet G-1

Date/Time Prepared:
2/28/2020 9:09 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		575,236,498		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		43,166,571				2.00
3.00	Total (sum of line 1 and line 2)		618,403,069		0		3.00
4.00	CHANGE IN VALUE/INTEREST RATE SWAP	55,450		0		0	4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	4,334,127		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)		4,389,577		0		10.00
11.00	Subtotal (line 3 plus line 10)		622,792,646		0		11.00
12.00	CONTRIBUTIONS	42,850,407		0		0	12.00
13.00	CHANGE IN MIN PENSION LEVEL	16,546,327		0		0	13.00
14.00	OTHER DEDUCTIONS/ADDITIONS	1,166,240		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)		60,562,974		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		562,229,672		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	CHANGE IN VALUE/INTEREST RATE SWAP		0				4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		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	CONTRIBUTIONS		0				12.00
13.00	CHANGE IN MIN PENSION LEVEL		0				13.00
14.00	OTHER DEDUCTIONS/ADDITIONS		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: 14-0148

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2020 9:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	152,076,520		152,076,520	1.00
2.00	SUBPROVIDER - IPF	18,610,270		18,610,270	2.00
3.00	SUBPROVIDER - IRF	8,747,357		8,747,357	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)	179,434,147		179,434,147	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,368,816		38,368,816	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	6,798,993		6,798,993	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)	45,167,809		45,167,809	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	224,601,956		224,601,956	17.00
18.00	Ancillary services	1,067,007,529	1,209,694,643	2,276,702,172	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	-28,557,365	0	-28,557,365	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,263,052,120	1,209,694,643	2,472,746,763	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		663,050,389		29.00
30.00	GRANT EXPENSE	418			30.00
31.00	PURCHASED SERVICES HAMP	33,097,610			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)		33,098,028		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)		696,148,417		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

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

Worksheet G-3

Date/Time Prepared:
2/28/2020 9:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,472,746,763	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,812,615,408	2.00
3.00	Net patient revenues (line 1 minus line 2)	660,131,355	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	696,148,417	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-36,017,062	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,569,855	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	54,256	21.00
22.00	Rental of hospital space	1,348,111	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	CAPITATION	63,681,847	24.01
24.02	AUTOPSY REVENUE	5,419	24.02
24.03	MISCELLANEOUS INCOME	2,264,559	24.03
24.04	OTHER	-6,816,237	24.04
24.05	CHILD CARE	1,205,053	24.05
24.08	OTHER OPERATING REVENUES	1,383,240	24.08
24.10	GAIN/LOSS ON FAIR VALUE	-201,296	24.10
24.12	REALIZED GAIN/LOSS	7,232,554	24.12
24.13	UNREALIZED GAIN/LOSS	1,766,466	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	108,643	24.14
24.18	OPERATIONS INVESTMENT INTEREST	124,296	24.18
24.20	WORKERS COMP INTEREST	49,249	24.20
24.21	INVESTMENT INCOME EXPENSE	-780,541	24.21
24.22	SELF INSURANCE INTEREST	103,202	24.22
24.23	BOND FUND INTEREST INCOME	5,108,219	24.23
24.24	BOND SERIES INTEREST INCOME	14,629	24.24
24.29	DEFERRED TAX BENEFIT	1,009,346	24.29
24.30	GAIN/LOSS ON EXTINGUISHMENT OF DEBT	-385,547	24.30
24.31	CHNG IN INT IN NET ASSETS OF FOUNDAT	1,116,971	24.31
24.32	NON-OPER NET PERIODIC BENEFIT COST	-3,778,661	24.32
25.00	Total other income (sum of lines 6-24)	79,183,633	25.00
26.00	Total (line 5 plus line 25)	43,166,571	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	43,166,571	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/28/2020 9:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	6,837,761		1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0		1.01
2.00	Capital DRG outlier payments	881,605		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)	290.35		3.00
4.00	Number of interns & residents (see instructions)	101.85		4.00
5.00	Indirect medical education percentage (see instructions)	10.41		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)	711,811		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	5.04		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	16.81		8.00
9.00	Sum of lines 7 and 8	21.85		9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.52		10.00
11.00	Disproportionate share adjustment (see instructions)	309,067		11.00
12.00	Total prospective capital payments (see instructions)	8,740,244		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