

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: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 10:37 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 10:37 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 PRESENCE ST. MARY'S HOSPITAL (14-0155) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DEBORAH SCHIMEROWSKI

Officer or Administrator of Provider(s)

REGIONAL CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	53,069	135,617	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	53,069	135,617	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: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 10:37 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 500 WEST COURT STREET			PO Box:				1.00		
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE 2.00		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				1.00	2.00	3.00	4.00	5.00	6.00 V 7.00 XVIII 8.00 XIX	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			PRESENCE ST. MARY'S HOSPITAL	140155	28100	1	07/01/1969	N P O 3.00	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
18.00	Renal Dialysis			PROVENA ST. MARY S RENAL	142318	16974		07/01/1973	18.00	
19.00	Other								19.00	
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00	
21.00	Type of Control (see instructions)						1		21.00	
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
					1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				723	538	3	14	4,001	182

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 10:37 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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)						23.00	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 10:37 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 10:37 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 10:37 am	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,725,504	
		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.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 10:37 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: PRESENCE CARE TRANSFORMATION CORP		Contractor's Name: NGS		Contractor's Number: 06101				141.00	
142.00	Street: 200 S. WACKER DR 12 FLOOR		PO Box:						142.00	
143.00	City: CHICAGO		State: IL		Zip Code: 60606				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00		
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		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								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)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	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)					07/01/2018	06/30/2019		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 10:37 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/21/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 10:37 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.				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.	ANNE	LITTLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721	ANNE.LITTLE@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 10:37 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR, REIMBURSEMEN		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: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 10:37 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	144	52,560	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)		144	52,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	9	3,285	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		169			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)		4	1,460			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: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 10:37 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)	6,211	992	15,650			1.00
2.00	HMO and other (see instructions)	1,993	4,001				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,211	992	15,650			7.00
8.00	INTENSIVE CARE UNIT	1,534	108	2,908			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	900	60	1,765			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		236	888			13.00
14.00	Total (see instructions)	8,645	1,396	21,211	0.00	501.19	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			240			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)				0.00	501.19	27.00
28.00	Observation Bed Days		101	2,085			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	64	184			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			112			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: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,121	453	5,534	1.00
2.00 HMO and other (see instructions)			510	1,100		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,121	453	5,534	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 10:37 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	34,274,750	221,830	34,496,580	1,042,472.00	33.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		150,411	0	150,411	1,060.00	141.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		943,777	190,223	1,134,000	42,532.00	26.66
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,297,654	0	4,297,654	117,157.00	36.68
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		586,355	0	586,355	3,477.00	168.64
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,486,561	0	11,486,561	262,238.00	43.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,639,704	0	7,639,704		
18.00	Wage-related costs (other) (see instructions)		48,042	0	48,042		
19.00	Excluded areas		228,875	0	228,875		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		34,459	0	34,459		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		633,055	0	633,055		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-35,688	221,830	186,142	4,677.00	39.80
27.00	Administrative & General	5.00	2,230,918	0	2,230,918	47,613.00	46.86

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 10:37 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	
28.00	Administrative & General under contract (see inst.)		375,891	0	375,891	1,725.00	217.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	723,670	0	723,670	32,504.00	22.26	30.00
31.00	Laundry & Linen Service	8.00	31,317	0	31,317	2,042.00	15.34	31.00
32.00	Housekeeping	9.00	460,350	0	460,350	29,055.00	15.84	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	663,831	-453,904	209,927	13,462.00	15.59	34.00
35.00	Dietary under contract (see instructions)		397,367	0	397,367	9,139.00	43.48	35.00
36.00	Cafeteria	11.00	0	453,904	453,904	30,912.00	14.68	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,333,434	0	1,333,434	30,612.00	43.56	38.00
39.00	Central Services and Supply	14.00	272,957	0	272,957	15,772.00	17.31	39.00
40.00	Pharmacy	15.00	1,027,383	0	1,027,383	25,616.00	40.11	40.00
41.00	Medical Records & Medical Records Library	16.00	21,537	0	21,537	1,036.00	20.79	41.00
42.00	Social Service	17.00	754,657	0	754,657	20,669.00	36.51	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 10:37 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)	35,048,008	221,830	35,269,838	1,053,336.00	33.48	1.00
2.00	Excluded area salaries (see instructions)	943,777	190,223	1,134,000	42,532.00	26.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,104,231	31,607	34,135,838	1,010,804.00	33.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,370,570	0	16,370,570	382,872.00	42.76	4.00
5.00	Subtotal wage-related costs (see inst.)	8,355,260	0	8,355,260	0.00	24.48	5.00
6.00	Total (sum of lines 3 thru 5)	58,830,061	31,607	58,861,668	1,393,676.00	42.23	6.00
7.00	Total overhead cost (see instructions)	8,257,624	221,830	8,479,454	264,834.00	32.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 10:37 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,271,221	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,343,181	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		84,661	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		18,278	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)		106,408	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		491,235	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,424,163	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		48,146	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		67,703	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		7,854,996	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		48,042	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 10:37 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	4,297,654	7,854,996	1.00
2.00	Hospital	4,297,654	7,854,996	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-5

Date/Time Prepared:
11/26/2019 10:37 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	19	0	0	0	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	5.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	107	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	83,545	0	2,200,000	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-5

Date/Time Prepared:
11/26/2019 10:37 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142318	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 10:37 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)			0.144546	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			13,943,671	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			141,585,143	6.00
7.00	Medicaid cost (line 1 times line 6)			20,465,566	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			6,521,895	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			6,521,895	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,658,220	3,775,482	15,433,702	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,685,149	3,775,482	5,460,631	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,685,149	3,775,482	5,460,631	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,015,635	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			930,298	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,431,229	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,584,406	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			874,497	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,335,128	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,857,023	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:

11/26/2019 10:37 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		1,719,157	1,719,157	2,625,353	4,344,510	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,608,967	4,608,967	2.00
3.00	00300	OTHER CAP REL COSTS		143,400	143,400	-143,400	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-35,688	515,466	479,778	0	479,778	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,230,918	25,638,640	27,869,558	-806,026	27,063,532	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	723,670	6,922,478	7,646,148	-747,512	6,898,636	7.00
7.01	00701	BIO MED	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	31,317	392,643	423,960	0	423,960	8.00
9.00	00900	HOUSEKEEPING	460,350	1,009,385	1,469,735	-3,463	1,466,272	9.00
10.00	01000	DIETARY	663,831	1,179,079	1,842,910	-1,257,583	585,327	10.00
11.00	01100	CAFETERIA	0	0	0	1,246,457	1,246,457	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,333,434	755,885	2,089,319	-335,765	1,753,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	272,957	469,294	742,251	-130,958	611,293	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,027,383	6,961,359	7,988,742	82,680	8,071,422	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,537	11,012	32,549	-4,286	28,263	16.00
17.00	01700	SOCIAL SERVICE	754,657	173,280	927,937	0	927,937	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	140,421	98,952	239,373	190,223	429,596	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,232,723	3,248,495	11,481,218	-1,463,919	10,017,299	30.00
31.00	03100	INTENSIVE CARE UNIT	2,191,516	649,982	2,841,498	-24,533	2,816,965	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,309,568	401,897	1,711,465	-22,403	1,689,062	34.00
43.00	04300	NURSERY	0	0	0	785,528	785,528	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,996,859	7,939,156	9,936,015	-6,984,510	2,951,505	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,567,260	451,504	2,018,764	-23,704	1,995,060	51.00
51.01	05101	OP ONCOLOGY	367,013	1,384,553	1,751,566	0	1,751,566	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	517,770	517,770	52.00
52.02	05201	SUBSTANCE ABUSE	488,298	183,341	671,639	0	671,639	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	149,502	93,739	243,241	-9,920	233,321	52.06
53.00	05300	ANESTHESIOLOGY	31,616	2,247,488	2,279,104	-33,266	2,245,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,431,612	2,318,191	4,749,803	-1,002,691	3,747,112	54.00
56.00	05600	RADIOISOTOPE	409,923	1,035,706	1,445,629	-163,215	1,282,414	56.00
59.00	05900	CARDIAC CATHETERIZATION	989,045	4,152,988	5,142,033	-3,830,106	1,311,927	59.00
60.00	06000	LABORATORY	0	4,929,001	4,929,001	-113,377	4,815,624	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,236,514	760,349	1,996,863	-238,278	1,758,585	65.00
66.00	06600	PHYSICAL THERAPY	0	1,556,268	1,556,268	-394,552	1,161,716	66.00
66.01	06601	WOUND CARE	20,294	1,129,649	1,149,943	0	1,149,943	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	38,676	38,676	220,674	259,350	67.00
68.00	06800	SPEECH PATHOLOGY	0	184	184	173,878	174,062	68.00
69.00	06900	ELECTROCARDIOLOGY	491,094	739,651	1,230,745	-109,715	1,121,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,059	64,054	106,113	-10,073	96,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,132,600	5,132,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,423,766	5,423,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	686,925	1,658,728	2,345,653	-21,343	2,324,310	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	238,483	73,172	311,655	-5,429	306,226	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,966,303	2,298,071	5,264,374	-413,747	4,850,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,252,923	2,252,923	-2,252,923	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,471,394	85,597,796	119,069,190	461,199	119,530,389	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,865	196,796	325,661	-500	325,161	190.00
194.00	07950	OTHER NRCC	519,550	2,546,301	3,065,851	-460,699	2,605,152	194.00
194.01	07951	SISTERS RESIDENCE	154,941	47,047	201,988	0	201,988	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	34,274,750	88,387,940	122,662,690	0	122,662,690	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/26/2019 10:37 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	-1,398,021	2,946,489	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-937,936	3,671,031	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	358,965	838,743	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,121,981	23,941,551	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	56,155	6,954,791	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,593	425,553	8.00
9.00	00900	HOUSEKEEPING	0	1,466,272	9.00
10.00	01000	DIETARY	0	585,327	10.00
11.00	01100	CAFETERIA	-252,533	993,924	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,568	1,748,986	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	104,556	715,849	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	-85,592	7,985,830	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	714,105	742,368	16.00
17.00	01700	SOCIAL SERVICE	0	927,937	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-133	429,463	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-347,716	9,669,583	30.00
31.00	03100	INTENSIVE CARE UNIT	544,220	3,361,185	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,689,062	34.00
43.00	04300	NURSERY	0	785,528	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,182	2,948,323	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,995,060	51.00
51.01	05101	OP ONCOLOGY	-718,110	1,033,456	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	517,770	52.00
52.02	05201	SUBSTANCE ABUSE	-9,285	662,354	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	233,321	52.06
53.00	05300	ANESTHESIOLOGY	-2,037,235	208,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-13,477	3,733,635	54.00
56.00	05600	RADIOISOTOPE	-71,060	1,211,354	56.00
59.00	05900	CARDIAC CATHETERIZATION	-2,955	1,308,972	59.00
60.00	06000	LABORATORY	104,441	4,920,065	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-5,693	1,752,892	65.00
66.00	06600	PHYSICAL THERAPY	-690	1,161,026	66.00
66.01	06601	WOUND CARE	0	1,149,943	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	259,350	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,062	68.00
69.00	06900	ELECTROCARDIOLOGY	-5,406	1,115,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	96,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,132,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,423,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-26,188	2,298,122	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	306,226	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	-890,213	3,960,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,047,939	111,482,450	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	325,161	190.00
194.00	07950	OTHER NRCC	0	2,605,152	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	SISTERS RESIDENCE	0	201,988	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,047,939	114,614,751	200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:37 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,132,600		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
	TOTALS		0	5,132,600		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,580,650		1.00
	TOTALS		0	6,580,650		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,450,861		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,387,136		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	4,837,997		
	D - REHAB RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	0	220,674		1.00
2.00	SPEECH PATHOLOGY	68.00	0	173,878		2.00
	TOTALS		0	394,552		
	E - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	417,729	100,041		1.00
2.00	NURSERY	43.00	633,752	151,776		2.00
	TOTALS		1,051,481	251,817		
	F - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,072,125		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,145,557		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	35,241		3.00
	TOTALS		0	2,252,923		
	G - CAFETERIA					
1.00	CAFETERIA	11.00	453,904	792,553		1.00
	TOTALS		453,904	792,553		
	J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,423,766		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		0	5,423,766		
	K - CONTRACT PHARMACY					
1.00	PHARMACY	15.00	0	82,680		1.00
	TOTALS		0	82,680		
	L - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	221,830	0		1.00
	TOTALS		221,830	0		
	M - EMS RECLASSIFICATION					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	190,223	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:37 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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
TOTALS		190,223	0			
500.00	Grand Total: Increases	1,917,438	25,749,538			500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:37 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - SUPPLIES RECLASS							
1.00	OPERATING ROOM	50.00	0	3,137,913	0		1.00	
2.00	RECOVERY ROOM	51.00	0	10,228	0		2.00	
3.00	INFUSION CLINIC	52.00	0	6,500	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	118,316	0		4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	1,460,648	0		5.00	
6.00	RESPIRATORY THERAPY	65.00	0	201,168	0		6.00	
7.00	EMERGENCY	91.00	0	197,827	0		7.00	
	TOTALS		0	5,132,600				
	B - DRUGS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,580,650	0		1.00	
	TOTALS		0	6,580,650				
	C - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	806,026	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	747,512	9		2.00	
3.00	HOUSEKEEPING	9.00	0	3,463	9		3.00	
4.00	DIETARY	10.00	0	11,126	9		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	335,765	9		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	130,958	9		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,286	9		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	145,927	9		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	17,954	9		9.00	
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	22,185	9		10.00	
11.00	OPERATING ROOM	50.00	0	452,374	9		11.00	
12.00	RECOVERY ROOM	51.00	0	6,968	9		12.00	
13.00	INFUSION CLINIC	52.00	0	3,420	9		13.00	
14.00	ANESTHESIOLOGY	53.00	0	33,266	9		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	864,168	9		15.00	
16.00	RADIOISOTOPE	56.00	0	163,215	9		16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	353,351	9		17.00	
18.00	LABORATORY	60.00	0	113,377	9		18.00	
19.00	RESPIRATORY THERAPY	65.00	0	34,416	9		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	106,030	9		20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,073	9		21.00	
22.00	RENAL DIALYSIS	74.00	0	18,917	9		22.00	
23.00	CARDIAC REHABILITATION	76.97	0	5,429	9		23.00	
24.00	EMERGENCY	91.00	0	69,272	9		24.00	
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	500	9		25.00	
26.00	OTHER NRCC	194.00	0	378,019	9		26.00	
	TOTALS		0	4,837,997				
	D - REHAB RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	220,674	0		1.00	
2.00	PHYSICAL THERAPY	66.00	0	173,878	0		2.00	
	TOTALS		0	394,552				
	E - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	417,729	100,041	0		1.00	
2.00	ADULTS & PEDIATRICS	30.00	633,752	151,776	0		2.00	
	TOTALS		1,051,481	251,817				
	F - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,072,125	11		1.00	
2.00	INTEREST EXPENSE	113.00	0	1,145,557	11		2.00	
3.00	INTEREST EXPENSE	113.00	0	35,241	11		3.00	
	TOTALS		0	2,252,923				
	G - CAFETERIA							
1.00	DIETARY	10.00	453,904	792,553	0		1.00	
	TOTALS		453,904	792,553				
	J - IMPLANTS							
1.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	218	0		1.00	
2.00	OPERATING ROOM	50.00	0	3,394,223	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,168	0		3.00	
4.00	CARDIAC CATHETERIZATION	59.00	0	2,012,157	0		4.00	
	TOTALS		0	5,423,766				
	K - CONTRACT PHARMACY							
1.00	OTHER NRCC	194.00	0	82,680	0		1.00	
	TOTALS		0	82,680				
	L - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	221,830	0		1.00	
	TOTALS		0	221,830				
	M - EMS RECLASSIFICATION							
1.00	ADULTS & PEDIATRICS	30.00	14,694	0	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	6,579	0	0		2.00	
3.00	RECOVERY ROOM	51.00	6,508	0	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	3,039	0	0		4.00	

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:37 am

	Decreases						11/20/2018 10:10:41 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	CARDIAC CATHETERIZATION	59.00	3,950	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	2,694	0	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	3,685	0	0		7.00
8.00	RENAL DIALYSIS	74.00	2,426	0	0		8.00
9.00	EMERGENCY	91.00	146,648	0	0		9.00
	TOTALS		190,223	0			
500.00	Grand Total: Decreases		1,695,608	25,971,368			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 10:37 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	4,930,000	0	0	0	0	1.00	
2.00	Land Improvements	1,014,000	0	0	0	0	2.00	
3.00	Buildings and Fixtures	32,278,080	198,727	0	198,727	0	3.00	
4.00	Building Improvements	653,777	594,366	0	594,366	567,658	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	15,320,797	1,834,644	0	1,834,644	1,306,646	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	54,196,654	2,627,737	0	2,627,737	1,874,304	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	54,196,654	2,627,737	0	2,627,737	1,874,304	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,930,000	0				1.00	
2.00	Land Improvements	1,014,000	0				2.00	
3.00	Buildings and Fixtures	32,476,807	0				3.00	
4.00	Building Improvements	680,485	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	15,848,795	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	54,950,087	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	54,950,087	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 10:37 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	1,719,157	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)	1,719,157	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	1,719,157				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,719,157				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	38,222,081	0	38,222,081	0.713859	102,367	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,320,797	0	15,320,797	0.286141	41,033	2.00
3.00	Total (sum of lines 1-2)	53,542,878	0	53,542,878	1.000000	143,400	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	102,367	2,844,122	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	41,033	3,629,998	0	2.00
3.00	Total (sum of lines 1-2)	0	0	143,400	6,474,120	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	102,367	0	0	2,946,489	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	41,033	0	0	3,671,031	2.00
3.00	Total (sum of lines 1-2)	0	143,400	0	0	6,617,520	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-40,912	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-43,714	CAP REL COSTS-MVBLE EQUIP	2.00	11	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	-4,205,942			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	-2,458,087			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-250,530	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-325,896	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-239,866	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	EMPLOYEE BENEFITS	B	-112,226	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 10:37 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	
34.00	DEFINED BENEFIT COST	A	-111,769	ADMINISTRATIVE & GENERAL	5.00	0	34.00
36.00	ADMINISTRATION	B	24,748	ADMINISTRATIVE & GENERAL	5.00	0	36.00
38.00	CONTRIBUTIONS, CBISA	A	-110,934	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	DIETARY	B	-2,003	CAFETERIA	11.00	0	39.00
40.00	CENTRAL SUPPLY	B	-605	CENTRAL SERVICES & SUPPLY	14.00	0	40.00
41.00	OPERATION OF PLANT	B	-96	OPERATION OF PLANT	7.00	0	41.00
42.00	PHARMACY	B	-2,912	PHARMACY	15.00	0	42.00
42.01	RADIOLOGY	B	-8,262	RADIOLOGY-DIAGNOSTIC	54.00	0	42.01
42.02	PHYSICAL THERAPY	B	-690	PHYSICAL THERAPY	66.00	0	42.02
42.03	SURGERY	B	-3,056	OPERATING ROOM	50.00	0	42.03
42.04	ADULTS AND PEDS	B	-624	ADULTS & PEDIATRICS	30.00	0	42.04
42.30	MARKETING	A	-3,077	ADMINISTRATIVE & GENERAL	5.00	0	42.30
43.00	MARKETING	A	-4,568	NURSING ADMINISTRATION	13.00	0	43.00
43.01	INCOME TAX	A	-59,853	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02	REAL ESTATE TAX	A	-4,092	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.03	MARKETING	A	-167	RADIOLOGY-DIAGNOSTIC	54.00	0	43.03
43.04	MARKETING	A	-126	OPERATING ROOM	50.00	0	43.04
43.10	CONTRACT PHARMACY	A	-82,680	PHARMACY	15.00	0	43.10
43.20	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43.20
	(3)						
43.30	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43.30
	(3)						
43.40	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43.40
	(3)						
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,047,939				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: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:

11/26/2019 10:37 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	60.00	LABORATORY	ALVERNO LABS	4,588,191	4,474,488	1.00
2.00	0.00			0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT ADMIN & GEN EXPENSE	940,679	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	FUNCTIONAL RENTAL EXPENSE	362,874	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PRESENCE ABHS ALLOCATION	2,510,825	14,603,556	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	NATIONAL OFFICE ALLOCATION	-128,725	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	TELE ICU	544,220	0	3.04
3.05	16.00	MEDICAL RECORDS & LIBRARY	EMR & CODERS & HIM	714,105	0	3.05
3.06	7.00	OPERATION OF PLANT	FACILITY MANAGEMENT	56,251	0	3.06
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	358,965	0	3.07
3.08	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	1,593	0	3.08
3.09	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT	105,161	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	FUNCTIONAL ADMIN & GEN	8,791,496	0	3.10
3.11	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL	119,854	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	-177,235	0	3.12
3.13	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	591,757	0	3.13
3.14	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE INTEREST	632,289	0	3.14
3.15	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST REVENUE	-1,622,970	0	3.15
3.16	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE INTEREST REVENUE	-1,769,373	0	3.16
3.17	0.00			0	0	3.17
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,619,957	19,078,044	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 10:37 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	113,703	0		1.00
2.00	0	0		2.00
3.00	940,679	0		3.00
3.01	362,874	9		3.01
3.02	-12,092,731	0		3.02
3.03	-128,725	0		3.03
3.04	544,220	0		3.04
3.05	714,105	0		3.05
3.06	56,251	0		3.06
3.07	358,965	0		3.07
3.08	1,593	0		3.08
3.09	105,161	0		3.09
3.10	8,791,496	0		3.10
3.11	119,854	9		3.11
3.12	-177,235	0		3.12
3.13	591,757	11		3.13
3.14	632,289	11		3.14
3.15	-1,622,970	11		3.15
3.16	-1,769,373	11		3.16
3.17	0	0		3.17
4.00	0	0		4.00
5.00	-2,458,087			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			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:

11/26/2019 10:37 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	300,032	0	300,032	211,500	2,181	1.00
2.00	30.00	ADULTS & PEDIATRICS	348,922	344,282	4,640	181,300	21	2.00
3.00	52.02	SUBSTANCE ABUSE	15,125	0	15,125	181,300	67	3.00
4.00	59.00	CARDIAC CATHETERIZATION	12,076	0	12,076	246,400	77	4.00
5.00	60.00	LABORATORY	39,297	3,297	36,000	260,300	240	5.00
6.00	51.01	OP ONCOLOGY	762,686	694,586	68,100	271,900	341	6.00
7.00	53.00	ANESTHESIOLOGY	2,037,235	2,037,235	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	81,300	0	81,300	211,500	542	8.00
9.00	65.00	RESPIRATORY THERAPY	18,200	0	18,200	211,500	123	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	156,160	0	156,160	271,900	651	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	19,950	0	19,950	271,900	114	13.00
14.00	91.00	EMERGENCY	900,788	885,143	15,645	211,500	104	14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	438	0	438	211,500	3	15.00
16.00	69.00	ELECTROCARDIOLOGY	11,100	0	11,100	211,500	56	16.00
200.00			4,703,309	3,964,543	738,766		4,520	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	221,770	11,089	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,830	92	0	0	0	2.00
3.00	52.02	SUBSTANCE ABUSE	5,840	292	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	9,121	456	0	0	0	4.00
5.00	60.00	LABORATORY	30,035	1,502	0	0	0	5.00
6.00	51.01	OP ONCOLOGY	44,576	2,229	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	55,112	2,756	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	12,507	625	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	85,100	4,255	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	14,902	745	0	0	0	13.00
14.00	91.00	EMERGENCY	10,575	529	0	0	0	14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	305	15	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	5,694	285	0	0	0	16.00
200.00			497,367	24,870	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	221,770	78,262	78,262		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	1,830	2,810	347,092		2.00
3.00	52.02	SUBSTANCE ABUSE	0	5,840	9,285	9,285		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	9,121	2,955	2,955		4.00
5.00	60.00	LABORATORY	0	30,035	5,965	9,262		5.00
6.00	51.01	OP ONCOLOGY	0	44,576	23,524	718,110		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,037,235		7.00
8.00	74.00	RENAL DIALYSIS	0	55,112	26,188	26,188		8.00
9.00	65.00	RESPIRATORY THERAPY	0	12,507	5,693	5,693		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	56.00	RADIOISOTOPE	0	85,100	71,060	71,060		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,902	5,048	5,048		13.00
14.00	91.00	EMERGENCY	0	10,575	5,070	890,213		14.00
15.00	23.00	PARAMED ED PRGM-(SPECIFY)	0	305	133	133		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	5,694	5,406	5,406		16.00
200.00			0	497,367	241,399	4,205,942		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,946,489	2,946,489			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,671,031	3,671,031			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	838,743	0	838,743		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,941,551	164,990	54,537	25,446,660	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,954,791	795,467	17,691	8,061,350	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	425,553	8,469	766	434,788	8.00
9.00	00900	HOUSEKEEPING	1,466,272	8,762	11,254	1,488,778	9.00
10.00	01000	DIETARY	585,327	58,639	5,132	651,608	10.00
11.00	01100	CAFETERIA	993,924	32,043	11,096	1,042,553	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,748,986	4,473	32,597	2,027,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	715,849	110,883	6,673	927,554	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	7,985,830	14,907	25,115	8,025,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	742,368	50,272	526	796,247	16.00
17.00	01700	SOCIAL SERVICE	927,937	2,200	18,448	948,585	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	429,463	1,467	8,083	439,013	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,669,583	203,362	175,183	10,129,755	30.00
31.00	03100	INTENSIVE CARE UNIT	3,361,185	53,389	53,413	3,480,895	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,689,062	42,529	32,014	1,779,554	34.00
43.00	04300	NURSERY	785,528	87,756	15,493	901,777	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,948,323	85,645	48,815	3,408,005	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,995,060	31,728	38,154	2,069,951	51.00
51.01	05101	OP ONCOLOGY	1,033,456	213,650	8,972	1,256,078	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	517,770	70,151	10,212	606,701	52.00
52.02	05201	SUBSTANCE ABUSE	662,354	36,032	11,937	710,323	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	233,321	17,349	3,655	256,784	52.06
53.00	05300	ANESTHESIOLOGY	208,603	2,273	773	235,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,733,635	105,890	59,369	4,515,498	54.00
56.00	05600	RADIOISOTOPE	1,211,354	13,199	10,021	1,351,913	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,308,972	29,587	24,082	1,616,673	59.00
60.00	06000	LABORATORY	4,920,065	94,238	81,509	5,095,812	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,752,892	20,282	30,162	1,828,078	65.00
66.00	06600	PHYSICAL THERAPY	1,161,026	54,569	0	1,215,595	66.00
66.01	06601	WOUND CARE	1,149,943	24,132	496	1,174,571	66.01
67.00	06700	OCCUPATIONAL THERAPY	259,350	2,977	0	262,327	67.00
68.00	06800	SPEECH PATHOLOGY	174,062	1,760	0	175,822	68.00
69.00	06900	ELECTROCARDIOLOGY	1,115,624	22,247	11,915	1,226,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,040	5,859	1,028	110,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,132,600	0	0	5,132,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,423,766	0	0	5,423,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,298,122	97,707	16,733	2,426,162	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	306,226	50,573	5,830	366,532	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,960,414	114,036	68,929	4,193,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,482,450	2,733,492	3,661,749	819,104	111,240,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	325,161	0	359	3,150	328,670	190.00
194.00	07950	OTHER NRCC	2,605,152	212,997	8,923	12,701	2,839,773	194.00
194.01	07951	SISTERS RESIDENCE	201,988	0	0	3,788	205,776	194.01
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)	114,614,751	2,946,489	3,671,031	838,743	114,614,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,446,660					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,300,540		10,361,890			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	124,079	0	44,187	0	603,054	8.00
9.00	00900	HOUSEKEEPING	424,866	0	45,717	0	0	9.00
10.00	01000	DIETARY	185,955	0	305,941	0	0	10.00
11.00	01100	CAFETERIA	297,523	0	167,183	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	578,590	0	23,337	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	264,704	0	578,521	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	2,290,410	0	77,776	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	227,232	0	262,290	0	0	16.00
17.00	01700	SOCIAL SERVICE	270,706	0	11,477	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	125,285	0	7,651	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,890,778	0	1,061,018	0	449,663	30.00
31.00	03100	INTENSIVE CARE UNIT	993,374	0	278,549	0	81,030	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	507,847	0	221,890	0	47,609	34.00
43.00	04300	NURSERY	257,348	0	457,859	0	24,752	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	972,573	0	446,841	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	590,721	0	165,538	0	0	51.00
51.01	05101	OP ONCOLOGY	358,458	0	1,114,690	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,140	0	366,004	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	202,711	0	187,995	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	73,281	0	90,516	0	0	52.06
53.00	05300	ANESTHESIOLOGY	67,225	0	11,860	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,288,628	0	552,468	0	0	54.00
56.00	05600	RADIOISOTOPE	385,808	0	68,862	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	461,365	0	154,367	0	0	59.00
60.00	06000	LABORATORY	1,454,238	0	491,678	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	521,695	0	105,819	0	0	65.00
66.00	06600	PHYSICAL THERAPY	346,905	0	284,708	0	0	66.00
66.01	06601	WOUND CARE	335,198	0	125,904	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	74,863	0	15,532	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	50,176	0	9,182	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	349,878	0	116,072	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,440	0	30,567	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,464,736	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,547,829	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	692,376	0	509,774	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	104,601	0	263,858	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,196,646	0	594,972	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,483,728	0	9,250,603	0	603,054	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,796	0	0	0	0	190.00
194.00	07950	OTHER NRCC	810,412	0	1,111,287	0	0	194.00
194.01	07951	SISTERS RESIDENCE	58,724	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	25,446,660	0	10,361,890	0	603,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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To 06/30/2019Worksheet B
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Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,959,361					9.00
10.00	01000	DIETARY	28,467	1,171,971				10.00
11.00	01100	CAFETERIA	65,367	0	1,572,626			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	64,732	0	54,569	0	2,748,673	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,352	0	28,115	0	51,894	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	54,168	0	45,663	0	84,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,191	0	1,847	0	3,409	16.00
17.00	01700	SOCIAL SERVICE	43,707	0	36,845	0	68,006	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	7,615	0	6,419	0	86,642	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	487,793	1,025,306	411,207	0	757,436	30.00
31.00	03100	INTENSIVE CARE UNIT	123,967	92,387	104,503	0	192,309	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	71,933	54,278	60,639	0	111,925	34.00
43.00	04300	NURSERY	33,686	0	28,397	0	52,414	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	121,962	0	102,813	0	189,769	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	89,630	0	75,557	0	138,882	51.00
51.01	05101	OP ONCOLOGY	20,000	0	16,860	0	31,119	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,203	0	18,717	0	34,548	52.00
52.02	05201	SUBSTANCE ABUSE	35,802	0	30,181	0	55,707	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	8,243	0	6,949	0	12,825	52.06
53.00	05300	ANESTHESIOLOGY	4,153	0	3,501	0	6,462	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,911	0	125,531	0	231,410	54.00
56.00	05600	RADIOISOTOPE	21,258	0	17,920	0	33,077	56.00
59.00	05900	CARDIAC CATHETERIZATION	46,591	0	39,276	0	72,205	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	85,424	0	72,012	0	132,627	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	730	0	615	0	1,135	66.01
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	24,800	0	20,906	0	38,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,379	0	2,849	0	5,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	52,683	0	44,412	0	81,684	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,517	0	11,394	0	21,031	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	171,947	0	144,950	0	254,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,888,211	1,171,971	1,512,647	0	2,748,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,740	0	15,797	0	0	190.00
194.00	07950	OTHER NRCC	37,828	0	31,889	0	0	194.00
194.01	07951	SISTERS RESIDENCE	14,582	0	12,293	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,959,361	1,171,971	1,572,626	0	2,748,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
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
7.01	00701	BIO MED						7.01
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	1,884,140					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	5,215	0	10,583,367			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,293,216		16.00
17.00	01700	SOCIAL SERVICE	237	0	0	0	1,379,563	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,447	0	4,731	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,617	0	115,038	119,532	1,019,359	30.00
31.00	03100	INTENSIVE CARE UNIT	24,890	0	57,161	41,054	185,413	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,478	0	28,179	25,029	108,848	34.00
43.00	04300	NURSERY	6,200	0	4,981	6,134	56,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,677	0	71,867	103,617	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	11,451	0	43,926	25,916	0	51.00
51.01	05101	OP ONCOLOGY	615	0	32,713	7,367	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,087	0	3,282	4,036	0	52.00
52.02	05201	SUBSTANCE ABUSE	876	0	0	6,311	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	491	0	50,850	4,162	0	52.06
53.00	05300	ANESTHESIOLOGY	25,068	0	59,824	27,553	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,611	0	184,741	174,629	0	54.00
56.00	05600	RADIOISOTOPE	1,067	0	248,015	23,195	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,452	0	123,447	70,507	0	59.00
60.00	06000	LABORATORY	0	0	0	118,383	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,157	0	2,154	30,298	0	65.00
66.00	06600	PHYSICAL THERAPY	2,005	0	26	17,838	0	66.00
66.01	06601	WOUND CARE	18,871	0	20,017	15,383	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	24	0	0	2,269	0	67.00
68.00	06800	SPEECH PATHOLOGY	27	0	0	535	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,194	0	257,235	70,289	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	722	0	0	790	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	754,261	0	0	58,550	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	797,047	0	0	54,365	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,586,339	120,873	0	73.00
74.00	07400	RENAL DIALYSIS	77,711	0	515,518	43,265	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	856	0	5	2,022	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	13,396	0	132,443	119,314	9,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,854,750	0	10,542,492	1,293,216	1,379,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,174	0	0	0	0	190.00
194.00	07950	OTHER NRCC	8,105	0	40,875	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	111	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,884,140	0	10,583,367	1,293,216	1,379,563	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					683,803	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	61,082	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	22,776	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	22,776	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,388	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	11,388	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,388	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	11,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,388	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	520,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	683,803	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM		
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
					19.00	20.00			21.00
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00	07950	OTHER NRCC	0	0	0	0	0	194.00	
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	194.01	
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	683,803	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,587,584	0	18,587,584	30.00
31.00	03100	INTENSIVE CARE UNIT	5,678,308	0	5,678,308	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,030,209	0	3,030,209	34.00
43.00	04300	NURSERY	1,830,110	0	1,830,110	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,437,124	0	5,437,124	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,234,348	0	3,234,348	51.00
51.01	05101	OP ONCOLOGY	2,837,900	0	2,837,900	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,718	0	1,232,718	52.00
52.02	05201	SUBSTANCE ABUSE	1,229,906	0	1,229,906	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	504,101	0	504,101	52.06
53.00	05300	ANESTHESIOLOGY	441,211	0	441,211	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,235,815	0	7,235,815	54.00
56.00	05600	RADIOISOTOPE	2,151,115	0	2,151,115	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,599,271	0	2,599,271	59.00
60.00	06000	LABORATORY	7,160,111	0	7,160,111	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,792,652	0	2,792,652	65.00
66.00	06600	PHYSICAL THERAPY	1,867,077	0	1,867,077	66.00
66.01	06601	WOUND CARE	1,692,424	0	1,692,424	66.01
67.00	06700	OCCUPATIONAL THERAPY	355,015	0	355,015	67.00
68.00	06800	SPEECH PATHOLOGY	235,742	0	235,742	68.00
69.00	06900	ELECTROCARDIOLOGY	2,117,074	0	2,117,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,174	0	185,174	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,410,147	0	7,410,147	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,823,007	0	7,823,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,707,212	0	8,707,212	73.00
74.00	07400	RENAL DIALYSIS	4,454,973	-83,545	4,371,428	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	783,816	0	783,816	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	7,350,775	0	7,350,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,964,919	0	108,881,374	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	478,177	0	478,177	190.00
194.00	07950	OTHER NRCC	4,880,169	0	4,880,169	194.00
194.01	07951	SISTERS RESIDENCE	291,486	0	291,486	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	114,614,751	0	114,531,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	164,990	1,285,582	1,450,572	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	795,467	293,401	1,088,868	7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,469	0	8,469	8.00
9.00	00900	HOUSEKEEPING	0	8,762	2,490	11,252	9.00
10.00	01000	DIETARY	0	58,639	2,510	61,149	10.00
11.00	01100	CAFETERIA	0	32,043	5,490	37,533	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,473	241,389	245,862	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	110,883	94,149	205,032	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	14,907	0	14,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,272	3,081	53,353	16.00
17.00	01700	SOCIAL SERVICE	0	2,200	0	2,200	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,467	0	1,467	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	203,362	81,627	284,989	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,389	12,908	66,297	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	42,529	15,949	58,478	34.00
43.00	04300	NURSERY	0	87,756	13,000	100,756	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	85,645	325,222	410,867	50.00
50.01	05330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	31,728	5,009	36,737	51.00
51.01	05101	OP ONCOLOGY	0	213,650	0	213,650	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,151	8,568	78,719	52.00
52.02	05201	SUBSTANCE ABUSE	0	36,032	0	36,032	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	17,349	2,459	19,808	52.06
53.00	05300	ANESTHESIOLOGY	0	2,273	23,916	26,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	105,890	616,604	722,494	54.00
56.00	05600	RADIOISOTOPE	0	13,199	117,339	130,538	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,587	254,032	283,619	59.00
60.00	06000	LABORATORY	0	94,238	81,509	175,747	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	20,282	24,742	45,024	65.00
66.00	06600	PHYSICAL THERAPY	0	54,569	0	54,569	66.00
66.01	06601	WOUND CARE	0	24,132	0	24,132	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,977	0	2,977	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,760	0	1,760	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,247	76,227	98,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,859	7,242	13,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	97,707	13,600	111,307	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	50,573	3,903	54,476	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	114,036	49,801	163,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,733,492	3,661,749	6,395,241	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	359	359	0 190.00
194.00	07950	OTHER NRCC	0	212,997	8,923	221,920	0 194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0 194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,946,489	3,671,031	6,617,520	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,450,572					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	131,142	0	1,220,010			7.00
7.01	00701	BIO MED	0	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	7,073	0	5,203	0	20,745	8.00
9.00	00900	HOUSEKEEPING	24,219	0	5,383	0	0	9.00
10.00	01000	DIETARY	10,600	0	36,021	0	0	10.00
11.00	01100	CAFETERIA	10,960	0	19,684	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	32,982	0	2,748	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,089	0	68,115	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	130,565	0	9,157	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,953	0	30,882	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,432	0	1,351	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	7,142	0	901	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	164,777	0	124,924	0	15,469	30.00
31.00	03100	INTENSIVE CARE UNIT	56,627	0	32,796	0	2,787	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,950	0	26,125	0	1,638	34.00
43.00	04300	NURSERY	14,670	0	53,908	0	851	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,441	0	52,611	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	33,674	0	19,490	0	0	51.00
51.01	05101	OP ONCOLOGY	20,434	0	131,247	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,870	0	43,093	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	11,556	0	22,134	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	4,177	0	10,657	0	0	52.06
53.00	05300	ANESTHESIOLOGY	3,832	0	1,396	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,458	0	65,048	0	0	54.00
56.00	05600	RADIOISOTOPE	21,993	0	8,108	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	26,300	0	18,175	0	0	59.00
60.00	06000	LABORATORY	82,899	0	57,890	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	29,739	0	12,459	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,775	0	33,522	0	0	66.00
66.01	06601	WOUND CARE	19,108	0	14,824	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,268	0	1,829	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,860	0	1,081	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,945	0	13,666	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,792	0	3,599	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,497	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,234	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	39,469	0	60,021	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,963	0	31,067	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	68,215	0	70,052	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,395,680	0	1,089,167	0	20,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,347	0	0	0	0	190.00
194.00	07950	OTHER NRCC	46,197	0	130,843	0	0	194.00
194.01	07951	SISTERS RESIDENCE	3,348	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,450,572	0	1,220,010	0	20,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	40,854					9.00
10.00	01000	DIETARY	594	108,364				10.00
11.00	01100	CAFETERIA	1,363	0	75,540			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	1,350	0	2,621	0	285,563	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	695	0	1,350	0	5,391	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,129	0	2,193	0	8,756	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46	0	89	0	354	16.00
17.00	01700	SOCIAL SERVICE	911	0	1,770	0	7,065	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	159	0	308	0	9,001	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,171	94,803	19,751	0	78,694	30.00
31.00	03100	INTENSIVE CARE UNIT	2,585	8,542	5,020	0	19,979	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,500	5,019	2,913	0	11,628	34.00
43.00	04300	NURSERY	702	0	1,364	0	5,445	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,543	0	4,939	0	19,715	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,869	0	3,629	0	14,429	51.00
51.01	05101	OP ONCOLOGY	417	0	810	0	3,233	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	463	0	899	0	3,589	52.00
52.02	05201	SUBSTANCE ABUSE	747	0	1,450	0	5,788	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	172	0	334	0	1,332	52.06
53.00	05300	ANESTHESIOLOGY	87	0	168	0	671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,105	0	6,030	0	24,042	54.00
56.00	05600	RADIOISOTOPE	443	0	861	0	3,436	56.00
59.00	05900	CARDIAC CATHETERIZATION	971	0	1,887	0	7,501	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,781	0	3,459	0	13,779	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	15	0	30	0	118	66.01
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	517	0	1,004	0	3,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70	0	137	0	546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,098	0	2,133	0	8,486	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	282	0	547	0	2,185	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,585	0	6,963	0	26,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,370	108,364	72,659	0	285,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	391	0	759	0	0	190.00
194.00	07950	OTHER NRCC	789	0	1,532	0	0	194.00
194.01	07951	SISTERS RESIDENCE	304	0	590	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	40,854	108,364	75,540	0	285,563	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
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
7.01	00701	BIO MED						7.01
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	295,672					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	818	0	167,525			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	97,677		16.00
17.00	01700	SOCIAL SERVICE	37	0	0	0	28,766	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,012	0	75	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,355	0	1,821	9,050	21,255	30.00
31.00	03100	INTENSIVE CARE UNIT	3,906	0	905	3,108	3,866	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,958	0	446	1,895	2,270	34.00
43.00	04300	NURSERY	973	0	79	464	1,179	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,088	0	1,138	7,845	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,797	0	695	1,962	0	51.00
51.01	05101	OP ONCOLOGY	96	0	518	558	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	641	0	52	306	0	52.00
52.02	05201	SUBSTANCE ABUSE	137	0	0	478	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	77	0	805	315	0	52.06
53.00	05300	ANESTHESIOLOGY	3,934	0	947	2,086	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	410	0	2,924	12,984	0	54.00
56.00	05600	RADIOISOTOPE	167	0	3,926	1,756	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	542	0	1,954	5,338	0	59.00
60.00	06000	LABORATORY	0	0	0	8,963	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	495	0	34	2,294	0	65.00
66.00	06600	PHYSICAL THERAPY	315	0	0	1,351	0	66.00
66.01	06601	WOUND CARE	2,961	0	317	1,165	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4	0	0	172	0	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	41	0	68.00
69.00	06900	ELECTROCARDIOLOGY	344	0	4,072	5,322	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	113	0	0	60	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,363	0	0	4,433	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,082	0	0	4,116	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	135,913	9,152	0	73.00
74.00	07400	RENAL DIALYSIS	12,195	0	8,160	3,276	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	134	0	0	153	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,102	0	2,097	9,034	196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,060	0	166,878	97,677	28,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,323	0	0	0	0	190.00
194.00	07950	OTHER NRCC	1,272	0	647	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	17	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	295,672	0	167,525	97,677	28,766	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					20,065	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	03330	SPECIAL PROCEDURES						50.01
51.00	05100	RECOVERY ROOM						51.00
51.01	05101	OP ONCOLOGY						51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
52.02	05201	SUBSTANCE ABUSE						52.02
52.04	05202	DIABETES EDUCATION						52.04
52.05	05203	PODIATRY						52.05
52.06	05204	INFUSION CLINIC						52.06
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	WOUND CARE						66.01
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03951	OTHER						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	OCCUPATIONAL HEALTH						90.01
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	19.00	20.00	21.00	22.00	23.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 OTHER NRCC						194.00
194.01 07951 SISTERS RESIDENCE						194.01
200.00 Cross Foot Adjustments	0	0	0	0	20,065	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	20,065	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
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
14.01	01401	STERILE PROCESSING				14.01
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	835,059	0	835,059	30.00
31.00	03100	INTENSIVE CARE UNIT	206,418	0	206,418	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	142,820	0	142,820	34.00
43.00	04300	NURSERY	180,391	0	180,391	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	558,187	0	558,187	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00	05100	RECOVERY ROOM	114,282	0	114,282	51.00
51.01	05101	OP ONCOLOGY	370,963	0	370,963	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,632	0	137,632	52.00
52.02	05201	SUBSTANCE ABUSE	78,322	0	78,322	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	52.05
52.06	05204	INFUSION CLINIC	37,677	0	37,677	52.06
53.00	05300	ANESTHESIOLOGY	39,310	0	39,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,495	0	910,495	54.00
56.00	05600	RADIOISOTOPE	171,228	0	171,228	56.00
59.00	05900	CARDIAC CATHETERIZATION	346,287	0	346,287	59.00
60.00	06000	LABORATORY	325,499	0	325,499	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	109,064	0	109,064	65.00
66.00	06600	PHYSICAL THERAPY	109,532	0	109,532	66.00
66.01	06601	WOUND CARE	62,670	0	62,670	66.01
67.00	06700	OCCUPATIONAL THERAPY	9,250	0	9,250	67.00
68.00	06800	SPEECH PATHOLOGY	5,746	0	5,746	68.00
69.00	06900	ELECTROCARDIOLOGY	147,323	0	147,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,418	0	19,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,293	0	206,293	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	217,432	0	217,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,065	0	145,065	73.00
74.00	07400	RENAL DIALYSIS	246,145	0	246,145	74.00
76.00	03951	OTHER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,807	0	94,807	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00	09100	EMERGENCY	352,502	0	352,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,179,817	0	6,179,817	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,179	0	10,179		190.00
194.00	07950	OTHER NRCC	403,200	0	403,200		194.00
194.01	07951	SISTERS RESIDENCE	4,259	0	4,259		194.01
200.00		Cross Foot Adjustments	20,065	0	20,065		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	6,617,520	0	6,617,520		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	401,835					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,106,298				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	34,310,438			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,501	1,788,209	2,230,918	-25,446,660	89,168,091	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	108,484	408,112	723,670	0	8,061,350	7.00
7.01	00701	BIO MED	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,155	0	31,317	0	434,788	8.00
9.00	00900	HOUSEKEEPING	1,195	3,463	460,350	0	1,488,778	9.00
10.00	01000	DIETARY	7,997	3,491	209,927	0	651,608	10.00
11.00	01100	CAFETERIA	4,370	7,636	453,904	0	1,042,553	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	610	335,765	1,333,434	0	2,027,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,122	130,958	272,957	0	927,554	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	2,033	0	1,027,383	0	8,025,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,856	4,286	21,537	0	796,247	16.00
17.00	01700	SOCIAL SERVICE	300	0	754,657	0	948,585	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	200	0	330,644	0	439,013	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,734	113,541	7,166,548	0	10,129,755	30.00
31.00	03100	INTENSIVE CARE UNIT	7,281	17,954	2,184,937	0	3,480,895	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,800	22,185	1,309,568	0	1,779,554	34.00
43.00	04300	NURSERY	11,968	18,082	633,752	0	901,777	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,680	452,374	1,996,859	0	3,408,005	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	4,327	6,968	1,560,752	0	2,069,951	51.00
51.01	05101	OP ONCOLOGY	29,137	0	367,013	0	1,256,078	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,567	11,918	417,729	0	606,701	52.00
52.02	05201	SUBSTANCE ABUSE	4,914	0	488,298	0	710,323	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	2,366	3,420	149,502	0	256,784	52.06
53.00	05300	ANESTHESIOLOGY	310	33,266	31,616	0	235,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,441	857,678	2,428,573	0	4,515,498	54.00
56.00	05600	RADIOISOTOPE	1,800	163,215	409,923	0	1,351,913	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,035	353,351	985,095	0	1,616,673	59.00
60.00	06000	LABORATORY	12,852	113,377	0	0	5,095,812	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,766	34,416	1,233,820	0	1,828,078	65.00
66.00	06600	PHYSICAL THERAPY	7,442	0	0	0	1,215,595	66.00
66.01	06601	WOUND CARE	3,291	0	20,294	0	1,174,571	66.01
67.00	06700	OCCUPATIONAL THERAPY	406	0	0	0	262,327	67.00
68.00	06800	SPEECH PATHOLOGY	240	0	0	0	175,822	68.00
69.00	06900	ELECTROCARDIOLOGY	3,034	106,030	487,409	0	1,226,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	799	10,073	42,059	0	110,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,132,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,423,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,325	18,917	684,499	0	2,426,162	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,897	5,429	238,483	0	366,532	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,552	69,272	2,819,655	0	4,193,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,787	5,093,386	33,507,082	-25,446,660	85,793,872	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	500	128,865	0	328,670	190.00
194.00	07950	OTHER NRCC	29,048	12,412	519,550	0	2,839,773	194.00
194.01	07951	SISTERS RESIDENCE	0	0	154,941	0	205,776	194.01
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)	2,946,489	3,671,031	838,743		25,446,660	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.332584	0.718922	0.024446		0.285379	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,450,572	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.016268	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	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					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	270,850			7.00
7.01	00701	BIO MED	0	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,155	0	21,635	8.00
9.00	00900	HOUSEKEEPING	0	1,195	0	0	9.00
10.00	01000	DIETARY	0	7,997	0	0	10.00
11.00	01100	CAFETERIA	0	4,370	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	610	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,122	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	0	2,033	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,856	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	300	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	200	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	27,734	0	16,132	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,281	0	2,907	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	5,800	0	1,708	34.00
43.00	04300	NURSERY	0	11,968	0	888	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,680	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,327	0	0	51.00
51.01	05101	OP ONCOLOGY	0	29,137	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,567	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	4,914	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	2,366	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	310	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,441	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,800	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,035	0	0	59.00
60.00	06000	LABORATORY	0	12,852	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,766	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,442	0	0	66.00
66.01	06601	WOUND CARE	0	3,291	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	406	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	240	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,034	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	799	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,325	0	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,897	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	15,552	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				81,314	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	241,802	0	21,635	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.00	7.00	7.01	8.00	9.00	
194.00	07950	OTHER NRCC	0	29,048	0	0	17,889	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	6,896	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	10,361,890	0	603,054	1,959,361	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	38.256932	0.000000	27.874000	2.114609	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,220,010	0	20,745	40,854	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.504375	0.000000	0.958863	0.044091	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			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
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	46,099					10.00
11.00	01100	CAFETERIA	0	882,209				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	30,612	0	835,398		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,772	0	15,772	12,821,210	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	25,616	0	25,616	35,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,036	0	1,036	0	16.00
17.00	01700	SOCIAL SERVICE	0	20,669	0	20,669	1,614	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	3,601	0	26,333	43,873	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,330	230,678	0	230,206	405,683	30.00
31.00	03100	INTENSIVE CARE UNIT	3,634	58,624	0	58,448	169,370	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,135	34,017	0	34,017	84,908	34.00
43.00	04300	NURSERY	0	15,930	0	15,930	42,193	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	57,676	0	57,676	133,901	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	42,386	0	42,210	77,919	51.00
51.01	05101	OP ONCOLOGY	0	9,458	0	9,458	4,182	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,500	0	10,500	27,811	52.00
52.02	05201	SUBSTANCE ABUSE	0	16,931	0	16,931	5,960	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	3,898	0	3,898	3,339	52.06
53.00	05300	ANESTHESIOLOGY	0	1,964	0	1,964	170,582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,420	0	70,332	17,766	54.00
56.00	05600	RADIOISOTOPE	0	10,053	0	10,053	7,260	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,033	0	21,945	23,488	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	40,397	0	40,309	21,481	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	13,645	66.00
66.01	06601	WOUND CARE	0	345	0	345	128,414	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	163	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	184	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,728	0	11,640	14,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,598	0	1,598	4,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,132,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,423,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	24,914	0	24,826	528,808	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,392	0	6,392	5,824	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	81,314	0	77,294	91,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,099	848,562	0	835,398	12,621,217	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,862	0	0	144,088	190.00
194.00	07950	OTHER NRCC	0	17,889	0	0	55,150	194.00
194.01	07951	SISTERS RESIDENCE	0	6,896	0	0	755	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,171,971	1,572,626	0	2,748,673	1,884,140	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.422916	1.782600	0.000000	3.290256	0.146955	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	108,364	75,540	0	285,563	295,672	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.350680	0.085626	0.000000	0.341829	0.023061	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:

11/26/2019 10:37 am

Cost Center Description			STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			14.01	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING	0					14.01
15.00	01500	PHARMACY	0	7,794,215				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	753,263,029			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,484	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	84,721	69,617,026	7,389	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,097	23,910,099	1,344	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	20,753	14,577,206	789	0	34.00
43.00	04300	NURSERY	0	3,668	3,572,642	410	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,927	60,347,539	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	32,350	15,093,490	0	0	51.00
51.01	05101	OP ONCOLOGY	0	24,092	4,290,445	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,417	2,350,379	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	3,675,472	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	37,449	2,424,151	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	44,058	16,047,413	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	136,054	101,785,044	0	0	54.00
56.00	05600	RADIOISOTOPE	0	182,653	13,509,090	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	90,914	41,064,170	0	0	59.00
60.00	06000	LABORATORY	0	0	68,947,645	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,586	17,646,064	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19	10,389,294	0	0	66.00
66.01	06601	WOUND CARE	0	14,742	8,958,999	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,321,429	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	311,736	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	189,443	40,936,854	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	460,286	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	34,100,135	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,662,885	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,323,484	70,397,614	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	379,658	25,198,123	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	4	1,177,854	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	97,539	69,489,945	68	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,764,112	753,263,029	10,000	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	30,103	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	10,583,367	1,293,216	1,379,563	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.357849	0.001717	137.956300	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	167,525	97,677	28,766	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.021494	0.000130	2.876600	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)		
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES	SERVICES-OTHER			
				APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)			
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
7.01	00701	BIO MED						7.01
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
14.01	01401	STERILE PROCESSING						14.01
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	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				5,284		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	472		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	176		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0	176		51.00
51.01	05101	OP ONCOLOGY	0	0	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0		52.04
52.05	05203	PODIATRY	0	0	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	88		54.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	88		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	88		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06601	WOUND CARE	0	0	0	0		66.01
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	88		69.00
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	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	88		74.00
76.00	03951	OTHER	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0		90.01
91.00	09100	EMERGENCY	0	0	0	4,020		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)	
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			20.00	21.00	22.00		23.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0		5,284	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
194.00	07950	OTHER NRCC	0	0	0		0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0		0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0		683,803	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		129.410106	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		20,065	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		3.797313	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

Provider CCN: 14-0155

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

Worksheet B-2

Date/Time Prepared:
11/26/2019 10:37 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-83,545 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:37 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	18,587,584		18,587,584	2,810	18,590,394	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,678,308		5,678,308	0	5,678,308	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,030,209		3,030,209	0	3,030,209	34.00	
43.00	04300	NURSERY	1,830,110		1,830,110	0	1,830,110	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,437,124		5,437,124	0	5,437,124	50.00	
50.01	03330	SPECIAL PROCEDURES	0		0	0	0	50.01	
51.00	05100	RECOVERY ROOM	3,234,348		3,234,348	0	3,234,348	51.00	
51.01	05101	OP ONCOLOGY	2,837,900		2,837,900	23,524	2,861,424	51.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,718		1,232,718	0	1,232,718	52.00	
52.02	05201	SUBSTANCE ABUSE	1,229,906		1,229,906	9,285	1,239,191	52.02	
52.04	05202	DIABETES EDUCATION	0		0	0	0	52.04	
52.05	05203	PODIATRY	0		0	0	0	52.05	
52.06	05204	INFUSION CLINIC	504,101		504,101	0	504,101	52.06	
53.00	05300	ANESTHESIOLOGY	441,211		441,211	0	441,211	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,235,815		7,235,815	5,048	7,240,863	54.00	
56.00	05600	RADIOISOTOPE	2,151,115		2,151,115	71,060	2,222,175	56.00	
59.00	05900	CARDIAC CATHETERIZATION	2,599,271		2,599,271	2,955	2,602,226	59.00	
60.00	06000	LABORATORY	7,160,111		7,160,111	5,965	7,166,076	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	2,792,652	0	2,792,652	5,693	2,798,345	65.00	
66.00	06600	PHYSICAL THERAPY	1,867,077	0	1,867,077	0	1,867,077	66.00	
66.01	06601	WOUND CARE	1,692,424	0	1,692,424	0	1,692,424	66.01	
67.00	06700	OCCUPATIONAL THERAPY	355,015	0	355,015	0	355,015	67.00	
68.00	06800	SPEECH PATHOLOGY	235,742	0	235,742	0	235,742	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,117,074		2,117,074	5,406	2,122,480	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	185,174		185,174	0	185,174	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,410,147		7,410,147	0	7,410,147	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,823,007		7,823,007	0	7,823,007	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	8,707,212		8,707,212	0	8,707,212	73.00	
74.00	07400	RENAL DIALYSIS	4,371,428		4,371,428	26,188	4,397,616	74.00	
76.00	03951	OTHER	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	783,816		783,816	0	783,816	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0		0	0	0	90.01	
91.00	09100	EMERGENCY	7,350,775		7,350,775	5,070	7,355,845	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,185,560		2,185,560		2,185,560	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	111,066,934	0	111,066,934	163,004	111,229,938	200.00	
201.00		Less Observation Beds	2,185,560		2,185,560		2,185,560	201.00	
202.00		Total (see instructions)	108,881,374	0	108,881,374	163,004	109,044,378	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:37 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		10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,360,153		62,360,153		30.00
31.00	03100	INTENSIVE CARE UNIT	23,910,099		23,910,099		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,577,206		14,577,206		34.00
43.00	04300	NURSERY	3,572,642		3,572,642		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,273,210	35,074,329	60,347,539	0.090097	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,828,626	11,264,864	15,093,490	0.214288	51.00
51.01	05101	OP ONCOLOGY	35,093	4,255,352	4,290,445	0.661447	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	950,714	1,399,665	2,350,379	0.524476	52.00
52.02	05201	SUBSTANCE ABUSE	112,186	3,563,286	3,675,472	0.334625	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	290,196	2,133,955	2,424,151	0.207950	52.06
53.00	05300	ANESTHESIOLOGY	6,712,744	9,334,669	16,047,413	0.027494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,189	78,891,855	101,785,044	0.071089	54.00
56.00	05600	RADIOISOTOPE	942,301	12,566,789	13,509,090	0.159235	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,003,999	27,060,171	41,064,170	0.063298	59.00
60.00	06000	LABORATORY	27,567,000	41,380,645	68,947,645	0.103849	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	13,026,971	4,619,093	17,646,064	0.158259	65.00
66.00	06600	PHYSICAL THERAPY	2,902,373	7,486,921	10,389,294	0.179712	66.00
66.01	06601	WOUND CARE	51,297	8,907,702	8,958,999	0.188908	66.01
67.00	06700	OCCUPATIONAL THERAPY	462,237	859,192	1,321,429	0.268660	67.00
68.00	06800	SPEECH PATHOLOGY	76,208	235,528	311,736	0.756223	68.00
69.00	06900	ELECTROCARDIOLOGY	8,832,375	32,104,479	40,936,854	0.051716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,767	322,519	460,286	0.402302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,749,022	17,351,113	34,100,135	0.217306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,453,909	11,208,976	31,662,885	0.247072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,593,322	39,804,292	70,397,614	0.123686	73.00
74.00	07400	RENAL DIALYSIS	1,305,008	23,893,115	25,198,123	0.173482	74.00
76.00	03951	OTHER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	16,368	1,161,486	1,177,854	0.665461	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	21,479,503	48,010,442	69,489,945	0.105782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,554,149	4,702,724	7,256,873	0.301171	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	325,669,867	427,593,162	753,263,029		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	325,669,867	427,593,162	753,263,029		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 10:37 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.090097		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.214288		51.00
51.01	05101	OP ONCOLOGY	0.666929		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.524476		52.00
52.02	05201	SUBSTANCE ABUSE	0.337152		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.207950		52.06
53.00	05300	ANESTHESIOLOGY	0.027494		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071139		54.00
56.00	05600	RADIOISOTOPE	0.164495		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.063370		59.00
60.00	06000	LABORATORY	0.103935		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.158582		65.00
66.00	06600	PHYSICAL THERAPY	0.179712		66.00
66.01	06601	WOUND CARE	0.188908		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.268660		67.00
68.00	06800	SPEECH PATHOLOGY	0.756223		68.00
69.00	06900	ELECTROCARDIOLOGY	0.051848		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.402302		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.217306		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247072		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123686		73.00
74.00	07400	RENAL DIALYSIS	0.174522		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.665461		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100	EMERGENCY	0.105855		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.301171		92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:37 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,587,584		18,587,584	0
31.00	03100	INTENSIVE CARE UNIT	5,678,308		5,678,308	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,030,209		3,030,209	0
43.00	04300	NURSERY	1,830,110		1,830,110	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,437,124		5,437,124	0
50.01	03330	SPECIAL PROCEDURES	0		0	0
51.00	05100	RECOVERY ROOM	3,234,348		3,234,348	0
51.01	05101	OP ONCOLOGY	2,837,900		2,837,900	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,718		1,232,718	0
52.02	05201	SUBSTANCE ABUSE	1,229,906		1,229,906	0
52.04	05202	DIABETES EDUCATION	0		0	0
52.05	05203	PODIATRY	0		0	0
52.06	05204	INFUSION CLINIC	504,101		504,101	0
53.00	05300	ANESTHESIOLOGY	441,211		441,211	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,235,815		7,235,815	0
56.00	05600	RADIOISOTOPE	2,151,115		2,151,115	0
59.00	05900	CARDIAC CATHETERIZATION	2,599,271		2,599,271	0
60.00	06000	LABORATORY	7,160,111		7,160,111	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
65.00	06500	RESPIRATORY THERAPY	2,792,652	0	2,792,652	0
66.00	06600	PHYSICAL THERAPY	1,867,077	0	1,867,077	0
66.01	06601	WOUND CARE	1,692,424	0	1,692,424	0
67.00	06700	OCCUPATIONAL THERAPY	355,015	0	355,015	0
68.00	06800	SPEECH PATHOLOGY	235,742	0	235,742	0
69.00	06900	ELECTROCARDIOLOGY	2,117,074		2,117,074	0
70.00	07000	ELECTROENCEPHALOGRAPHY	185,174		185,174	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,410,147		7,410,147	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,823,007		7,823,007	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,707,212		8,707,212	0
74.00	07400	RENAL DIALYSIS	4,371,428		4,371,428	0
76.00	03951	OTHER	0		0	0
76.97	07697	CARDIAC REHABILITATION	783,816		783,816	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0
90.01	09001	OCCUPATIONAL HEALTH	0		0	0
91.00	09100	EMERGENCY	7,350,775		7,350,775	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,185,226		2,185,226	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	111,066,600	0	111,066,600	0
201.00		Less Observation Beds	2,185,226		2,185,226	0
202.00		Total (see instructions)	108,881,374	0	108,881,374	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:37 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	62,360,153		62,360,153			30.00	
31.00	03100	INTENSIVE CARE UNIT	23,910,099		23,910,099			31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,577,206		14,577,206			34.00	
43.00	04300	NURSERY	3,572,642		3,572,642			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,273,210	35,074,329	60,347,539	0.090097	0.000000	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	3,828,626	11,264,864	15,093,490	0.214288	0.000000	51.00	
51.01	05101	OP ONCOLOGY	35,093	4,255,352	4,290,445	0.661447	0.000000	51.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	950,714	1,399,665	2,350,379	0.524476	0.000000	52.00	
52.02	05201	SUBSTANCE ABUSE	112,186	3,563,286	3,675,472	0.334625	0.000000	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000	52.04	
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05	
52.06	05204	INFUSION CLINIC	290,196	2,133,955	2,424,151	0.207950	0.000000	52.06	
53.00	05300	ANESTHESIOLOGY	6,712,744	9,334,669	16,047,413	0.027494	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,893,189	78,891,855	101,785,044	0.071089	0.000000	54.00	
56.00	05600	RADIOISOTOPE	942,301	12,566,789	13,509,090	0.159235	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	14,003,999	27,060,171	41,064,170	0.063298	0.000000	59.00	
60.00	06000	LABORATORY	27,567,000	41,380,645	68,947,645	0.103849	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	13,026,971	4,619,093	17,646,064	0.158259	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,902,373	7,486,921	10,389,294	0.179712	0.000000	66.00	
66.01	06601	WOUND CARE	51,297	8,907,702	8,958,999	0.188908	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	462,237	859,192	1,321,429	0.268660	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	76,208	235,528	311,736	0.756223	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,832,375	32,104,479	40,936,854	0.051716	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	137,767	322,519	460,286	0.402302	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,749,022	17,351,113	34,100,135	0.217306	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,453,909	11,208,976	31,662,885	0.247072	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	30,593,322	39,804,292	70,397,614	0.123686	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,305,008	23,893,115	25,198,123	0.173482	0.000000	74.00	
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	16,368	1,161,486	1,177,854	0.665461	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	21,479,503	48,010,442	69,489,945	0.105782	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,554,149	4,702,724	7,256,873	0.301125	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	325,669,867	427,593,162	753,263,029			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	325,669,867	427,593,162	753,263,029			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:37 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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
51.01	05101	OP ONCOLOGY	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
52.02	05201	SUBSTANCE ABUSE	0.000000		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.000000		52.06
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	WOUND CARE	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 10:37 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	835,059	0	835,059	17,735	47.09	30.00
31.00	INTENSIVE CARE UNIT	206,418		206,418	2,908	70.98	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	142,820		142,820	1,765	80.92	34.00
43.00	NURSERY	180,391		180,391	888	203.14	43.00
200.00	Total (lines 30 through 199)	1,364,688		1,364,688	23,296		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,211	292,476				
31.00	INTENSIVE CARE UNIT	1,534	108,883				
34.00	SURGICAL INTENSIVE CARE UNIT	900	72,828				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,645	474,187				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 10:37 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	558,187	60,347,539	0.009250	11,350,353	104,991
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	114,282	15,093,490	0.007572	1,830,362	13,860
51.01	05101	OP ONCOLOGY	370,963	4,290,445	0.086463	31,517	2,725
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,632	2,350,379	0.058557	15,625	915
52.02	05201	SUBSTANCE ABUSE	78,322	3,675,472	0.021309	12,863	274
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0
52.05	05203	PODIATRY	0	0	0.000000	0	0
52.06	05204	INFUSION CLINIC	37,677	2,424,151	0.015542	145,282	2,258
53.00	05300	ANESTHESIOLOGY	39,310	16,047,413	0.002450	3,129,626	7,668
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,495	101,785,044	0.008945	11,734,319	104,963
56.00	05600	RADIOISOTOPE	171,228	13,509,090	0.012675	524,866	6,653
59.00	05900	CARDIAC CATHETERIZATION	346,287	41,064,170	0.008433	6,871,218	57,945
60.00	06000	LABORATORY	325,499	68,947,645	0.004721	12,801,433	60,436
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	109,064	17,646,064	0.006181	6,481,481	40,062
66.00	06600	PHYSICAL THERAPY	109,532	10,389,294	0.010543	1,578,523	16,642
66.01	06601	WOUND CARE	62,670	8,958,999	0.006995	28,202	197
67.00	06700	OCCUPATIONAL THERAPY	9,250	1,321,429	0.007000	255,026	1,785
68.00	06800	SPEECH PATHOLOGY	5,746	311,736	0.018432	49,548	913
69.00	06900	ELECTROCARDIOLOGY	147,323	40,936,854	0.003599	4,281,868	15,410
70.00	07000	ELECTROENCEPHALOGRAPHY	19,418	460,286	0.042187	69,777	2,944
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,293	34,100,135	0.006050	7,903,835	47,818
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	217,432	31,662,885	0.006867	9,115,901	62,599
73.00	07300	DRUGS CHARGED TO PATIENTS	145,065	70,397,614	0.002061	14,652,226	30,198
74.00	07400	RENAL DIALYSIS	246,145	25,198,123	0.009768	896,581	8,758
76.00	03951	OTHER	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	94,807	1,177,854	0.080491	7,610	613
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0
91.00	09100	EMERGENCY	352,502	69,489,945	0.005073	9,134,106	46,337
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	98,173	7,256,873	0.013528	1,257,095	17,006
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	4,913,302	648,842,929		104,159,243	653,970

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 10:37 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	61,082	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	22,776	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	83,858	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	61,082	17,735	3.44	6,211	30.00		
31.00	03100	INTENSIVE CARE UNIT		22,776	2,908	7.83	1,534	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,765	0.00	900	34.00		
43.00	04300	NURSERY		0	888	0.00	0	43.00		
200.00		Total (lines 30 through 199)		83,858	23,296		8,645	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	21,366						30.00	
31.00	03100	INTENSIVE CARE UNIT	12,011						31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	33,377						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 10:37 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	22,776	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,388	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	11,388	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,388	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	11,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,388	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	520,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	7,182	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	607,127	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 10:37 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	60,347,539	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES		0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	22,776	22,776	15,093,490	0.001509	51.00
51.01	05101	OP ONCOLOGY		0	0	0	4,290,445	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	2,350,379	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE		0	0	0	3,675,472	0.000000	52.02
52.04	05202	DIABETES EDUCATION		0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY		0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC		0	0	0	2,424,151	0.000000	52.06
53.00	05300	ANESTHESIOLOGY		0	0	0	16,047,413	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	11,388	11,388	101,785,044	0.000112	54.00
56.00	05600	RADIOISOTOPE		0	0	0	13,509,090	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION		0	11,388	11,388	41,064,170	0.000277	59.00
60.00	06000	LABORATORY		0	0	0	68,947,645	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	11,388	11,388	17,646,064	0.000645	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	10,389,294	0.000000	66.00
66.01	06601	WOUND CARE		0	0	0	8,958,999	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	1,321,429	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	311,736	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	11,388	11,388	40,936,854	0.000278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	460,286	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	34,100,135	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	31,662,885	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	70,397,614	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	11,388	11,388	25,198,123	0.000452	74.00
76.00	03951	OTHER		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,177,854	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	520,229	520,229	69,489,945	0.007486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	7,182	7,182	7,256,873	0.000990	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	607,127	607,127	648,842,929		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII		Hospital	PPS	
				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	11,350,353	0	10,215,354	0	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.001509	1,830,362	2,762	3,592,426	5,421	51.00
51.01	05101	OP ONCOLOGY	0.000000	31,517	0	1,960,153	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	15,625	0	8,818	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.000000	12,863	0	586,649	0	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.000000	145,282	0	990,891	0	52.06
53.00	05300	ANESTHESIOLOGY	0.000000	3,129,626	0	2,729,710	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000112	11,734,319	1,314	17,721,858	1,985	54.00
56.00	05600	RADIOISOTOPE	0.000000	524,866	0	5,842,702	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000277	6,871,218	1,903	11,414,127	3,162	59.00
60.00	06000	LABORATORY	0.000000	12,801,433	0	5,982,636	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000645	6,481,481	4,181	1,079,441	696	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,578,523	0	56,437	0	66.00
66.01	06601	WOUND CARE	0.000000	28,202	0	2,840,756	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	255,026	0	10,717	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	49,548	0	585	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000278	4,281,868	1,190	12,133,397	3,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	69,777	0	91,038	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,903,835	0	5,875,388	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,115,901	0	4,472,358	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,652,226	0	13,618,213	0	73.00
74.00	07400	RENAL DIALYSIS	0.000452	896,581	405	39,666	18	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	7,610	0	547,777	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.007486	9,134,106	68,378	8,162,624	61,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000990	1,257,095	1,245	1,455,954	1,441	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		104,159,243	81,378	111,429,675	77,201	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 10:37 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	0.090097	10,215,354	0	0	920,373	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.214288	3,592,426	0	0	769,814	51.00
51.01	05101	OP ONCOLOGY	0.661447	1,960,153	0	0	1,296,537	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.524476	8,818	0	0	4,625	52.00
52.02	05201	SUBSTANCE ABUSE	0.334625	586,649	0	0	196,307	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.207950	990,891	0	0	206,056	52.06
53.00	05300	ANESTHESIOLOGY	0.027494	2,729,710	0	0	75,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071089	17,721,858	0	0	1,259,829	54.00
56.00	05600	RADIOISOTOPE	0.159235	5,842,702	0	0	930,363	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.063298	11,414,127	0	0	722,491	59.00
60.00	06000	LABORATORY	0.103849	5,982,636	3,234	0	621,291	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.158259	1,079,441	0	0	170,831	65.00
66.00	06600	PHYSICAL THERAPY	0.179712	56,437	0	0	10,142	66.00
66.01	06601	WOUND CARE	0.188908	2,840,756	0	0	536,642	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.268660	10,717	0	0	2,879	67.00
68.00	06800	SPEECH PATHOLOGY	0.756223	585	0	0	442	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051716	12,133,397	0	0	627,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.402302	91,038	0	0	36,625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.217306	5,875,388	0	0	1,276,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247072	4,472,358	0	0	1,104,994	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123686	13,618,213	6,672	183,445	1,684,382	73.00
74.00	07400	RENAL DIALYSIS	0.173482	39,666	0	0	6,881	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.665461	547,777	0	0	364,524	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.105782	8,162,624	102	204	863,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.301171	1,455,954	9	18	438,491	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		111,429,675	10,017	183,667	14,127,277	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		111,429,675	10,017	183,667	14,127,277	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 10:37 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	SPECIAL PROCEDURES	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
51.01	05101	OP ONCOLOGY	0	0		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02	05201	SUBSTANCE ABUSE	0	0		52.02
52.04	05202	DIABETES EDUCATION	0	0		52.04
52.05	05203	PODIATRY	0	0		52.05
52.06	05204	INFUSION CLINIC	0	0		52.06
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	336	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	WOUND CARE	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	825	22,690		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	OTHER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0		90.01
91.00	09100	EMERGENCY	11	22		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3	5		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,175	22,717		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,175	22,717		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 10:37 am

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	835,059	0	835,059	17,735	47.09	30.00
31.00	INTENSIVE CARE UNIT	206,418		206,418	2,908	70.98	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	142,820		142,820	1,765	80.92	34.00
43.00	NURSERY	180,391		180,391	888	203.14	43.00
200.00	Total (lines 30 through 199)	1,364,688		1,364,688	23,296		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	992	46,713				
31.00	INTENSIVE CARE UNIT	108	7,666				
34.00	SURGICAL INTENSIVE CARE UNIT	60	4,855				
43.00	NURSERY	236	47,941				
200.00	Total (lines 30 through 199)	1,396	107,175				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Title XIX		Hospital		Cost	
		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	558,187	60,347,539	0.009250	0	0 50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	114,282	15,093,490	0.007572	0	0 51.00
51.01	05101	OP ONCOLOGY	370,963	4,290,445	0.086463	0	0 51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,632	2,350,379	0.058557	0	0 52.00
52.02	05201	SUBSTANCE ABUSE	78,322	3,675,472	0.021309	0	0 52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0 52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0 52.05
52.06	05204	INFUSION CLINIC	37,677	2,424,151	0.015542	0	0 52.06
53.00	05300	ANESTHESIOLOGY	39,310	16,047,413	0.002450	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,495	101,785,044	0.008945	0	0 54.00
56.00	05600	RADIOISOTOPE	171,228	13,509,090	0.012675	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	346,287	41,064,170	0.008433	0	0 59.00
60.00	06000	LABORATORY	325,499	68,947,645	0.004721	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	109,064	17,646,064	0.006181	0	0 65.00
66.00	06600	PHYSICAL THERAPY	109,532	10,389,294	0.010543	0	0 66.00
66.01	06601	WOUND CARE	62,670	8,958,999	0.006995	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	9,250	1,321,429	0.007000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	5,746	311,736	0.018432	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	147,323	40,936,854	0.003599	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,418	460,286	0.042187	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,293	34,100,135	0.006050	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	217,432	31,662,885	0.006867	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,065	70,397,614	0.002061	0	0 73.00
74.00	07400	RENAL DIALYSIS	246,145	25,198,123	0.009768	0	0 74.00
76.00	03951	OTHER	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	94,807	1,177,854	0.080491	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	352,502	69,489,945	0.005073	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	98,173	7,256,873	0.013528	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	4,913,302	648,842,929		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 10:37 am	
					Title XIX		Hospital		Cost	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	61,082	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	22,776	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	83,858	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	61,082	17,735	3.44	992	30.00		
31.00	03100	INTENSIVE CARE UNIT	22,776	2,908	7.83	108	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,765	0.00	60	34.00			
43.00	04300	NURSERY	0	888	0.00	236	43.00			
200.00		Total (lines 30 through 199)	83,858	23,296		1,396	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	3,412					30.00		
31.00	03100	INTENSIVE CARE UNIT	846					31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00		
43.00	04300	NURSERY	0					43.00		
200.00		Total (lines 30 through 199)	4,258					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0155		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 10:37 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	22,776	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,388	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	11,388	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,388	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	11,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,388	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	520,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	599,945	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 10:37 am

				Title XIX		Hospital	Cost		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,347,539	0.000000	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	22,776	22,776	15,093,490	0.001509	51.00	
51.01	05101	OP ONCOLOGY	0	0	0	4,290,445	0.000000	51.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,350,379	0.000000	52.00	
52.02	05201	SUBSTANCE ABUSE	0	0	0	3,675,472	0.000000	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04	
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05	
52.06	05204	INFUSION CLINIC	0	0	0	2,424,151	0.000000	52.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	16,047,413	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,388	11,388	101,785,044	0.000112	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	13,509,090	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	11,388	11,388	41,064,170	0.000277	59.00	
60.00	06000	LABORATORY	0	0	0	68,947,645	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	11,388	11,388	17,646,064	0.000645	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	10,389,294	0.000000	66.00	
66.01	06601	WOUND CARE	0	0	0	8,958,999	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,321,429	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	311,736	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	11,388	11,388	40,936,854	0.000278	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	460,286	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,100,135	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,662,885	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,397,614	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	11,388	11,388	25,198,123	0.000452	74.00	
76.00	03951	OTHER	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,177,854	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01	
91.00	09100	EMERGENCY	0	520,229	520,229	69,489,945	0.007486	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,256,873	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	599,945	599,945	648,842,929		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.001509	0	0	0	0	51.00
51.01	05101	OP ONCOLOGY	0.000000	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.000000	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.000000	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000112	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000277	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000645	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	WOUND CARE	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000278	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000452	0	0	0	0	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.007486	0	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								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 10:37 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,735	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,735	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,650	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)		6,211	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)		18,590,394	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)		18,590,394	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,590,394	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)		1,048.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,510,557	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,510,557	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,678,308	2,908	1,952.65	1,534	2,995,365
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	3,030,209	1,765	1,716.83	900	1,545,147
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)					13,213,773
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,264,842
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					507,564
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					735,348
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,242,912
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,021,930
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)					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)					2,085
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,048.23
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,185,560

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	835,059	18,590,394	0.044919	2,185,560	98,173
91.00	Nursing School cost	0	18,590,394	0.000000	2,185,560	0
92.00	Allied health cost	61,082	18,590,394	0.003286	2,185,560	7,182
93.00	All other Medical Education	0	18,590,394	0.000000	2,185,560	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 10:37 am
Cost Center Description		Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			17,735 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			17,735 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,650 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)			992 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)			888 15.00
16.00	Nursery days (title V or XIX only)			236 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)			18,587,584 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)			18,587,584 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			18,587,584 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)			1,048.07 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,039,685 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,039,685 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:37 am

				Title XIX		Hospital	Cost	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,830,110	888	2,060.93	236	486,379	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	5,678,308	2,908	1,952.65	108	210,886	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	3,030,209	1,765	1,716.83	60	103,010	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,839,960	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						2,085	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,048.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,185,226	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0155

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:37 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	835,059	18,587,584	0.044926	2,185,226	98,173	90.00
91.00	Nursing School cost	0	18,587,584	0.000000	2,185,226	0	91.00
92.00	Allied health cost	61,082	18,587,584	0.003286	2,185,226	7,181	92.00
93.00	All other Medical Education	0	18,587,584	0.000000	2,185,226	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 10:37 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT	20,848,897		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,462,594		34.00
43.00	04300	NURSERY	6,022,459		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090097	11,350,353	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.214288	1,830,362	51.00
51.01	05101	OP ONCOLOGY	0.666929	31,517	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.524476	15,625	52.00
52.02	05201	SUBSTANCE ABUSE	0.337152	12,863	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.207950	145,282	52.06
53.00	05300	ANESTHESIOLOGY	0.027494	3,129,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.071139	11,734,319	54.00
56.00	05600	RADIOISOTOPE	0.164495	524,866	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.063370	6,871,218	59.00
60.00	06000	LABORATORY	0.103935	12,801,433	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.158582	6,481,481	65.00
66.00	06600	PHYSICAL THERAPY	0.179712	1,578,523	66.00
66.01	06601	WOUND CARE	0.188908	28,202	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.268660	255,026	67.00
68.00	06800	SPEECH PATHOLOGY	0.756223	49,548	68.00
69.00	06900	ELECTROCARDIOLOGY	0.051848	4,281,868	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.402302	69,777	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.217306	7,903,835	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247072	9,115,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123686	14,652,226	73.00
74.00	07400	RENAL DIALYSIS	0.174522	896,581	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.665461	7,610	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	90.01
91.00	09100	EMERGENCY	0.105855	9,134,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.301171	1,257,095	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	104,159,243	13,213,773	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)	104,159,243		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 10:37 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4,496,950	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,307,978	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)		358,705	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		166.32	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.52	31.00
32.00	Sum of lines 30 and 31		31.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.34	33.00
34.00	Disproportionate share adjustment (see instructions)		721,169	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 10:37 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,045,536	1,328,410	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	263,533	993,578	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,257,111		36.00
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
	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)	21,141,913		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		21,141,913	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,638,754	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		65,863	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		33,377	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		81,378	58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,961,285	59.00
60.00	Primary payer payments		15,427	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,945,858	61.00
62.00	Deductibles billed to program beneficiaries		2,058,676	62.00
63.00	Coinsurance billed to program beneficiaries		38,203	63.00
64.00	Allowable bad debts (see instructions)		732,280	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		475,982	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		547,858	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,324,961	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		134,843	70.93
70.94	HRR adjustment amount (see instructions)		-68,515	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 10:37 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)		174,608	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,216,681	71.00	
71.01	Sequestration adjustment (see instructions)		424,334	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		20,739,278	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)		53,069	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		614,778	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparision of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,496,950	0	4,496,950		4,496,950
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,307,978	0		14,307,978	14,307,978
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	358,705	0	54,424	304,281	358,705
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1534	0.1534	0.1534	0.1534	
11.00	Disproportionate share adjustment (see instructions)	34.00	721,169	0	172,458	548,711	721,169
11.01	Uncompensated care payments	36.00	1,257,111	0	1,443,141	336,633	1,779,774
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	21,141,913	0	6,166,973	14,974,940	21,141,913
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,141,913	0	6,166,973	14,974,940	21,141,913
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,638,754	0	392,248	1,246,506	1,638,754
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	6,559,221	16,221,446	22,780,667
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,530,450	0	366,319	1,164,131	1,530,450
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	6,988	0	1,679	5,309	6,988
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0662	0.0662	0.0662	0.0662	
25.00	Disproportionate share adjustment (see instructions)	11.00	101,316	0	24,250	77,066	101,316
26.00	Total prospective capital payments (see instructions)	12.00	1,638,754	0	392,248	1,246,506	1,638,754
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,496,950	4,496,950		4,496,950	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,307,978		14,307,978	14,307,978	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	358,705	54,424	304,281	358,705	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1534	0.1534	0.1534		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	721,169	172,458	548,711	721,169	11.00
11.01	Uncompensated care payments	36.00	1,257,111	263,533	993,578	1,257,111	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,141,913	4,987,365	16,154,548	21,141,913	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,141,913	4,987,365	16,154,548	21,141,913	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,638,754	392,248	1,246,506	1,638,754	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,379,613	17,401,054	22,780,667	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,530,450	366,319	1,164,131	1,530,450	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,988	1,679	5,309	6,988	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0662	0.0662	0.0662		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,316	24,250	77,066	101,316	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,638,754	392,248	1,246,506	1,638,754	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	134,843	9,296	125,547	134,843	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-68,515	-2,698	-65,817	-68,515	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	174,608	174,608	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 10:37 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,892	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,050,076	2.00
3.00	OPPS payments		13,670,465	3.00
4.00	Outlier payment (see instructions)		30,369	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		77,201	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,892	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		193,684	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)		193,684	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)		193,684	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		169,792	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		23,892	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)		13,778,035	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		647	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,576,888	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)		11,224,392	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,224,392	30.00
31.00	Primary payer payments		1,341	31.00
32.00	Subtotal (line 30 minus line 31)		11,223,051	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		41,673	33.00
34.00	Allowable bad debts (see instructions)		634,836	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		412,643	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		419,365	36.00
37.00	Subtotal (see instructions)		11,677,367	37.00
38.00	MSP-LCC reconciliation amount from PS&R		136	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,677,231	40.00
40.01	Sequestration adjustment (see instructions)		233,545	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,308,069	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		135,617	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: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 10:37 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		20,295,521		10,903,101	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		443,757		404,968	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)		20,739,278		11,308,069	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		53,069		135,617	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		20,792,347		11,443,686	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: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 10:37 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: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 10:37 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	1,839,960			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,839,960	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,839,960	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,839,960	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	1,839,960	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 14-0155

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

Worksheet G

Date/Time Prepared:
11/26/2019 10:37 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	1,274,287	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	63,272,984	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,662,630	0	0	0	6.00
7.00	Inventory	3,922,268	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	878,347	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	24,685,256	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,930,000	0	0	0	12.00
13.00	Land improvements	1,014,000	0	0	0	13.00
14.00	Accumulated depreciation	-213,014	0	0	0	14.00
15.00	Buildings	32,437,308	0	0	0	15.00
16.00	Accumulated depreciation	-1,712,094	0	0	0	16.00
17.00	Leasehold improvements	719,985	0	0	0	17.00
18.00	Accumulated depreciation	-8,046	0	0	0	18.00
19.00	Fixed equipment	9,545,760	0	0	0	19.00
20.00	Accumulated depreciation	-2,322,951	0	0	0	20.00
21.00	Automobiles and trucks	23,500	0	0	0	21.00
22.00	Accumulated depreciation	-6,597	0	0	0	22.00
23.00	Major movable equipment	6,279,535	0	0	0	23.00
24.00	Accumulated depreciation	-2,381,618	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)	48,305,768	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	664,140	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	664,140	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	73,655,164	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,011,590	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	280,579	0	0	0	40.00
41.00	Deferred income	197,366	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	16,042,926	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,532,461	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	245,309	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	606,973	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	852,282	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,384,743	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	55,270,421	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	55,270,421	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	73,655,164	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 10:37 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		68,454,775		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,754,646				2.00
3.00	Total (sum of line 1 and line 2)		74,209,421		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		74,209,421		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	NET ASSET TRANSFERS	18,939,000		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		18,939,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		55,270,421		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	NET ASSET TRANSFERS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0155

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 10:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	62,360,153		62,360,153	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,360,153		62,360,153	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,910,099		23,910,099	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	14,577,206		14,577,206	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,487,305		38,487,305	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	100,847,458		100,847,458	17.00
18.00	Ancillary services	224,822,410	374,879,996	599,702,406	18.00
19.00	Outpatient services	0	52,713,166	52,713,166	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	66	152,676	152,742	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	325,669,934	427,745,838	753,415,772	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,662,690		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	2			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)		2		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		122,662,692		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0155

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

Worksheet G-3

Date/Time Prepared:

11/26/2019 10:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	753,415,772	1.00
2.00	Less contractual allowances and discounts on patients' accounts	636,823,868	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,591,904	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,662,692	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,070,788	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	59,912	6.00
7.00	Income from investments	84,625	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	250,530	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	491,692	22.00
23.00	Governmental appropriations	0	23.00
24.00	GAIN ON SALE OF OPERATIONAL PPE	6,928,699	24.00
24.01	OTHER OPERATING INCOME	4,009,976	24.01
25.00	Total other income (sum of lines 6-24)	11,825,434	25.00
26.00	Total (line 5 plus line 25)	5,754,646	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)	5,754,646	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0155

Period:

Worksheet I-1

Component CCN: 14-2318

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 10:37 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	684,499	HOURS OF SERVICE	24,913.60	11.98
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00
7.00	PHYSICIANS	55,112	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	739,611			9.00
10.00	EMPLOYEE BENEFITS	164,691	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	478,578	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	520,270	REQUISITIONS		14.00
15.00	DRUGS	379,658	REQUISITIONS		15.00
16.00	OTHER	15,314	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,298,122			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	97,707	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	13,600	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	16,733	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	692,376	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	562,457	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	11,388			23.00
24.00	CENTRAL SERVICE & SUPPLIES	77,711	REQUISITIONS		24.00
25.00	PHARMACY	515,518	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	169,361	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,454,973			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER	0	CHARGES	0	30.00
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,454,973			31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0155

Period:

Worksheet I-2

Component CCN: 14-2318

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

Date/Time Prepared:

11/26/2019 10:37 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	660,164	492,178	684,499	0	181,424	811,631	1.00
MAINTENANCE								
2.00	Hemodialysis	524,218	390,840	543,582	0	144,066	644,501	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	4,855	3,616	5,028	0	1,335	5,973	6.00
7.00	CCPD	396	286	412	0	109	485	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	38,000	28,333	39,398	0	10,444	46,726	10.00
11.00	CCPD	68,419	50,995	70,912	0	18,798	84,096	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	24,276	18,108	25,167	0	6,672	29,850	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						121,804	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	660,164	492,178	684,499	0	181,424	811,631	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	597,981	0	3,427,877	932,163	4,360,040		1.00
MAINTENANCE								
2.00	Hemodialysis	474,846	0	2,722,053	740,224	3,462,277		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	4,400	0	25,207	6,855	32,062		6.00
7.00	CCPD	357	0	2,045	556	2,601		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	34,426	0	197,327	53,660	250,987		10.00
11.00	CCPD	61,959	0	355,179	96,586	451,765		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	21,993	0	126,066	34,282	160,348		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	597,981	0	3,427,877	932,163	4,360,040		17.00
18.00	Medical Educational Program Costs					11,388		18.00
19.00	Total Renal Costs (line 17 + line 18)					4,371,428		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

Period:

Worksheet I-3

Component CCN: 14-2318

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 10:37 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		Building (Square Feet)	Equipment (%) of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	660,164	492,178	684,499	0	181,424	1.00
MAINTENANCE							
2.00	Hemodialysis	10,581	15,022.00	19,785.00	0.00	545,475	2.00
2.01	AKI-Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	98	139.00	183.00	0.00	5,054	6.00
7.00	CCPD	8	11.00	15.00	0.00	411	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	767	1,089.00	1,434.00	0.00	39,546	10.00
11.00	CCPD	1,381	1,960.00	2,581.00	0.00	71,175	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	280	490	696.00	916.00	0.00	25,264
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	13,325	18,917.00	24,914.00	0.00	686,925	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	49.543265	26.017762	27.474472	0.000000	0.264110	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	811,631	597,981	0	3,427,877	932,163	1.00
MAINTENANCE							
2.00	Hemodialysis	301,480	413,137	0			2.00
2.01	AKI-Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI-Intermittent Peritoneal	0	0	0			3.01
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	2,794	3,828	0			6.00
7.00	CCPD	227	311	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	21,857	29,952	0			10.00
11.00	CCPD	39,338	53,907	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	13,963	19,135	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	379,659	520,270	0		3,427,877	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	2.137789	1.149367	0.000000		0.271936	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0155

Period:

Worksheet I-4

Component CCN: 14-2318

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/26/2019 10:37 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	5,863	3,462,277	590.53	3,665	2,164,292
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	50	32,062	641.24	31	19,878
6.00	Training - CCPD	4	2,601	650.25	1	650
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	384	250,987	653.61	97	63,400
10.00	Home Program - CCPD	632	451,765	714.82	124	88,638
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	5,917	4,199,692		3,697	2,336,858
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	8,965				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,023,408	279.24			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	9,698	312.84			
6.00	Training - CCPD	318	318.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	72,562	748.06			
10.00	Home Program - CCPD	100,905	813.75			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,206,891				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 11/26/2019 10:37 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	2,336,858		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,206,891	1,183,351	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,206,891	1,183,351	2.03
2.04	Outlier payments	23,263		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	241,379	236,671	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	241,379	236,671	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	65,388	64,113	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	65,388	64,113	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	41,673		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	172,558	8.00
9.00	Program payment (see instructions)	0	946,681	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	41,673		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	4,283,237		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	4,199,692		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.980495		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 10:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,530,450	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		6,988	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)		56.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.15	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.52	8.00
9.00	Sum of lines 7 and 8		31.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.62	10.00
11.00	Disproportionate share adjustment (see instructions)		101,316	11.00
12.00	Total prospective capital payments (see instructions)		1,638,754	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