

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/2/2019 3:04 pm
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Provider: 1. [X] Electronically filed cost report Date: 12/2/2019 Time: 3:04 pm

Provider use only	1. ☐ ☒ Electronically filed cost report 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.		Date: 12/2/2019	Time: 3:04 pm
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.	

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL CIVIL AND

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

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date _____

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-4,627,692	76,062	0	0	1.00
2.00	Subprovider - IPF	0	23,140	0	0	0	2.00
3.00	Subprovider - IRF	0	-32,747	0	0	0	3.00
5.00	Swing bed - SNF	0	0	0	0	0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-4,637,299	76,062	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: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:04 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2525 SOUTH MICHIGAN AVENUE			PO Box:				1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60616-2477		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	
								8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MERCY HOSPITAL & MEDICAL CENTER	140158	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		MERCY HOSPITAL & MEDICAL CENTER	14S158	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF		MERCY HOSPITAL & MEDICAL CENTER	14T158	16974	5	07/01/1984	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
17.20	Hospital-Based (OPT) I									
17.30	Hospital-Based (OOT) I									
17.40	Hospital-Based (OSP) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		
21.00	Type of Control (see instructions)						1			
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			

Worksheet S-2
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:04 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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To 06/30/2019Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		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.				Y	70.00		
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	348,998	10,677,636	3,510,794	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
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		HB1432	140.00

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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: TRINITY HEALTH	Contractor's Name: WPS		Contractor's Number: 05101		141.00	
142.00	Street: 20555 VICTOR PKWY	PO Box:				142.00	
143.00	City: LIVONIA	State: MI		Zip Code: 48152		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						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)						0168.00
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)			07/01/2017	09/28/2017		
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N	0171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 3:04 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/31/2017	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.	Y		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: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

		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.	MICHAEL	CADDICK		41.00
42.00	Enter the employer/company name of the cost report preparer.	SRGROUPLLC.COM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708 466-7240	MICHAEL.CADDICK@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

		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.	VICE PRESIDENT	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: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

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	168	61,320	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)		168	61,320	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	6	2,190	0.00	0	9.00
9.01 NURSERY INTENSIVE CARE CENTER	32.01	15	5,475	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		203	74,095	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	39	14,235		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		258				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

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)	12,484	4,025	34,050			1.00
2.00	HMO and other (see instructions)	6,878	11,285				2.00
3.00	HMO IPF Subprovider	343	2,589				3.00
4.00	HMO IRF Subprovider	409	460				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)	12,484	4,025	34,050			7.00
8.00	INTENSIVE CARE UNIT	1,440	438	4,067			8.00
9.00	CORONARY CARE UNIT	537	103	1,152			9.00
9.01	NURSERY INTENSIVE CARE CENTER	0	851	1,385			9.01
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		1,160	3,164			13.00
14.00	Total (see instructions)	14,461	6,577	43,818	108.30	1,266.64	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,140	1,040	7,200	0.00	30.68	16.00
17.00	SUBPROVIDER - IRF	1,989	139	3,527	0.00	15.71	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				108.30	1,313.03	27.00
28.00	Observation Bed Days		0	6,787			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	449	586			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

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	2,698	1,074	10,103	1.00
2.00 HMO and other (see instructions)			1,342	2,721		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				49		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
9.01 NURSERY INTENSIVE CARE CENTER						9.01
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	2,698	1,074	10,103	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	171	245	1,304	16.00
17.00 SUBPROVIDER - IRF	0.00	0	183	14	341	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

		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	106,842,922	0	106,842,922	2,739,428.00	39.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		271,490	0	271,490	2,129.00	127.52	4.00
4.01	Physicians - Part A - Teaching		2,023,027	0	2,023,027	16,644.00	121.55	4.01
5.00	Physician and Non Physician-Part B		14,376,473	0	14,376,473	104,772.00	137.22	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,938,435	0	5,938,435	171,672.00	34.59	7.00
7.01	Contracted interns and residents (in an approved programs)		1,938,706	0	1,938,706	60,127.00	32.24	7.01
8.00	Home office and/or related organization personnel		2,662,763	0	2,662,763	8,320.00	320.04	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,377,402	0	4,377,402	130,574.00	33.52	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,140,877	0	9,140,877	881,222.00	10.37	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,872,886	0	6,872,886	103,385.00	66.48	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,678,787	0	19,678,787			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,078,725	0	1,078,725			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		35,617	0	35,617			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,825,641	0	1,825,641			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,445,079	0	1,445,079			25.00
25.50	Home office wage-related (core)		2,338,249	0	2,338,249			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,553,310	0	1,553,310	37,885.00	41.00	26.00
27.00	Administrative & General	5.00	15,599,837	0	15,599,837	453,885.00	34.37	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

		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.)		806,454	0	806,454	8,350.00	96.58	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,081,727	0	2,081,727	66,543.00	31.28	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,986,015	0	1,986,015	135,760.00	14.63	32.00
33.00	Housekeeping under contract (see instructions)		656,197	0	656,197	46,871.00	14.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,298,394	0	1,298,394	45,760.00	28.37	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,751,261	0	1,751,261	29,954.00	58.47	38.00
39.00	Central Services and Supply	14.00	693,931	0	693,931	31,066.00	22.34	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	698,615	0	698,615	42,188.00	16.56	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
12/2/2019 3:04 pm

	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)	82,664,563	0	82,664,563	2,478,874.00	33.35	1.00
2.00	Excluded area salaries (see instructions)	4,377,402	0	4,377,402	130,574.00	33.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,287,161	0	78,287,161	2,348,300.00	33.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,013,763	0	16,013,763	984,607.00	16.26	4.00
5.00	Subtotal wage-related costs (see inst.)	22,052,653	0	22,052,653	0.00	28.17	5.00
6.00	Total (sum of lines 3 thru 5)	116,353,577	0	116,353,577	3,332,907.00	34.91	6.00
7.00	Total overhead cost (see instructions)	27,125,741	0	27,125,741	898,262.00	30.20	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
12/2/2019 3:04 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,450,614	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)	0	8.02
8.03	Health Insurance (Purchased)	10,175,519	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	212,483	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	90,553	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)	404,256	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	979,708	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	7,498,755	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	188,529	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	334,737	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,335,154	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
12/2/2019 3:04 pm

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0158

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

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:04 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0158

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

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:04 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 12/2/2019 3:04 pm	
				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)		0.344797		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		80,464,043		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		222,027,554		6.00
7.00	Medicaid cost (line 1 times line 6)		76,554,435		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)		0		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)		0		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)	7,283,223	1,820,806	9,104,029	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,511,233	1,820,806	4,332,039	21.00
22.00	Payments received from patients for amounts previously written off as charity care	84,201	145,677	229,878	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,427,032	1,675,129	4,102,161	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)		11,662,751		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,288,567		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,982,411		27.01
28.00	Non-Medicare bad debt expense (see instructions)		9,680,340		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,031,596		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,133,757		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,133,757		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0158

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		269,883	269,883	3,750,188	4,020,071 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,604,487	2,604,487	0	2,604,487 2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0 3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,553,310	25,181,166	26,734,476	0	26,734,476 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,599,837	53,479,540	69,079,377	-3,750,188	65,329,189 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	2,081,727	11,650,157	13,731,884	0	13,731,884 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,040,436	1,040,436	0	1,040,436 8.00
9.00	00900	HOUSEKEEPING	1,986,015	1,107,377	3,093,392	0	3,093,392 9.00
10.00	01000	DIETARY	0	3,469,531	3,469,531	-1,586,282	1,883,249 10.00
11.00	01100	CAFETERIA	0	0	0	1,586,282	1,586,282 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	1,751,261	174,609	1,925,870	0	1,925,870 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	693,931	723,852	1,417,783	0	1,417,783 14.00
15.00	01500	PHARMACY	0	15,535,223	15,535,223	0	15,535,223 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	698,615	740,554	1,439,169	0	1,439,169 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,938,435	1,726,779	7,665,214	0	7,665,214 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,601,781	1,601,781	0	1,601,781 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,043,032	2,247,089	21,290,121	0	21,290,121 30.00
31.00	03100	INTENSIVE CARE UNIT	5,077,359	544,938	5,622,297	0	5,622,297 31.00
32.00	03200	CORONARY CARE UNIT	835,916	54,986	890,902	0	890,902 32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	0	0	1,187,582	1,187,582 32.01
40.00	04000	SUBPROVIDER - IPF	2,291,286	1,502,786	3,794,072	0	3,794,072 40.00
41.00	04100	SUBPROVIDER - IRF	1,039,988	1,007,814	2,047,802	0	2,047,802 41.00
43.00	04300	NURSERY	1,786,077	108,967	1,895,044	-1,187,582	707,462 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,457,173	7,286,581	10,743,754	-3,220,469	7,523,285 50.00
50.01	03340	GI LAB	598,702	790,467	1,389,169	0	1,389,169 50.01
51.00	05100	RECOVERY ROOM	584,488	20,649	605,137	0	605,137 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,369,265	1,208,580	3,577,845	0	3,577,845 52.00
53.00	05300	ANESTHESIOLOGY	2,860,346	1,441,011	4,301,357	0	4,301,357 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,550,705	2,047,556	5,598,261	-316,817	5,281,444 54.00
54.01	05401	MRI CENTER	0	0	0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	558,772	1,093,208	1,651,980	0	1,651,980 55.00
56.00	05600	RADIOISOTOPE	295,899	440,305	736,204	0	736,204 56.00
57.00	05700	CT SCAN	814,815	157,280	972,095	0	972,095 57.00
58.00	05800	MRI	247,761	1,578,798	1,826,559	0	1,826,559 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,156,967	3,172,906	5,329,873	-1,677,294	3,652,579 59.00
60.00	06000	LABORATORY	4,044,923	4,319,032	8,363,955	0	8,363,955 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	1,415,027	276,755	1,691,782	-104,250	1,587,532 65.00
66.00	06600	PHYSICAL THERAPY	1,069,093	22,472	1,091,565	0	1,091,565 66.00
67.00	06700	OCCUPATIONAL THERAPY	604,688	24,656	629,344	0	629,344 67.00
68.00	06800	SPEECH PATHOLOGY	335,475	1,776	337,251	0	337,251 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,794	1,221	54,015	0	54,015 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,366,632	1,366,632 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,952,198	3,952,198 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	952,036	952,036	0	952,036 74.00
76.00	03951	EMG	0	0	0	0	0 76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0 76.01
76.02	03953	MERCY EYE CENTER	190,902	10,780	201,682	0	201,682 76.02
76.03	03954	MERCY ENT	0	0	0	0	0 76.03
76.04	03955	WOUND CARE CENTER	254,115	60,081	314,196	0	314,196 76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0 76.05
76.06	03957	PRE-BIRTH CENTER	699,272	275,939	975,211	0	975,211 76.06
76.07	03958	SLEEP LAB	0	438,233	438,233	0	438,233 76.07
76.08	03640	UROLOGY	70,853	3,409	74,262	0	74,262 76.08
76.09	03959	ADDP OP	95,019	480	95,499	0	95,499 76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	560	560	0	560 76.10
76.11	03960	DIABETES TREATMENT	109,208	46,835	156,043	0	156,043 76.11
76.12	03961	MENTAL HEALTH CENTER	890,345	10,422	900,767	0	900,767 76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0 76.13
76.97	07697	CARDIAC REHABILITATION	354,258	11,560	365,818	0	365,818 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0158

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 MERCY CLINICS	11,644,002	6,954,807	18,598,809	0	18,598,809	90.01
90.02	09002 MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	6,095,138	3,913,062	10,008,200	0	10,008,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	105,796,794	161,333,412	267,130,206	0	267,130,206	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	199,564	6,109	205,673	0	205,673	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	687,575	4,489,428	5,177,003	0	5,177,003	192.00
192.01	19201 DNBAR CLINIC	54,437	121,206	175,643	0	175,643	192.01
192.02	19202 PHILLIPS HEALTH	54,324	165,888	220,212	0	220,212	192.02
192.03	19204 OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205 VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203 DOCTORS OFFICE	50,228	17,886	68,114	0	68,114	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	106,842,922	166,133,929	272,976,851	0	272,976,851	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0158

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:04 pm

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	-1,562,421	2,457,650	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,604,487	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,081,103	24,653,373	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,767,994	52,561,195	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	175,859	13,907,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,040,436	8.00
9.00	00900	HOUSEKEEPING	0	3,093,392	9.00
10.00	01000	DIETARY	0	1,883,249	10.00
11.00	01100	CAFETERIA	-763,072	823,210	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,495	1,919,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,417,783	14.00
15.00	01500	PHARMACY	0	15,535,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,439,169	16.00
17.00	01700	SOCIAL SERVICE	0	0	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	7,665,214	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-565,347	1,036,434	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,708,630	18,581,491	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,445,126	4,177,171	31.00
32.00	03200	CORONARY CARE UNIT	11,037	901,939	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	1,187,582	32.01
40.00	04000	SUBPROVIDER - IPF	-426,407	3,367,665	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,047,802	41.00
43.00	04300	NURSERY	0	707,462	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-969,682	6,553,603	50.00
50.01	03340	GI LAB	-23,885	1,365,284	50.01
51.00	05100	RECOVERY ROOM	0	605,137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,577,845	52.00
53.00	05300	ANESTHESIOLOGY	-3,939,498	361,859	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,298,778	3,982,666	54.00
54.01	05401	MRI CENTER	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-914,578	737,402	55.00
56.00	05600	RADIOISOTOPE	-12,395	723,809	56.00
57.00	05700	CT SCAN	0	972,095	57.00
58.00	05800	MRI	0	1,826,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,383,135	2,269,444	59.00
60.00	06000	LABORATORY	-240,334	8,123,621	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,587,532	65.00
66.00	06600	PHYSICAL THERAPY	-4,657	1,086,908	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	629,344	67.00
68.00	06800	SPEECH PATHOLOGY	0	337,251	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,366,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,952,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	952,036	74.00
76.00	03951	EMG	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	76.01
76.02	03953	MERCY EYE CENTER	-561	201,121	76.02
76.03	03954	MERCY ENT	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	314,196	76.04
76.05	03956	CARDIAC REHAB	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	-740,182	235,029	76.06
76.07	03958	SLEEP LAB	0	438,233	76.07
76.08	03640	UROLOGY	-9,146	65,116	76.08
76.09	03959	ADDP OP	0	95,499	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	560	76.10
76.11	03960	DIABETES TREATMENT	0	156,043	76.11
76.12	03961	MENTAL HEALTH CENTER	-451,247	449,520	76.12
76.13	03650	VEIN CLINIC	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	-89,580	276,238	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	MERCY CLINICS	-7,609,862	10,988,947	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet A
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	90.03
91.00	09100	EMERGENCY	-2,259,954	7,748,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-42,087,173	225,043,033	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	205,673	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,177,003	192.00
192.01	19201	DNBAR CLINIC	0	175,643	192.01
192.02	19202	PHILLIPS HEALTH	0	220,212	192.02
192.03	19204	OTHER HOME HEALTH	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	68,114	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-42,087,173	230,889,678	200.00

RECLASSIFICATIONS

Provider CCN: 14-0158

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

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:04 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	145,133	1.00	
	TOTALS		0	145,133		
	B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,366,632	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	1,366,632		
	C - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,586,282	1.00	
	TOTALS		0	1,586,282		
	D - SPECIAL CARE NURSERY					
1.00	NURSERY INTENSIVE CARE CENTER	32.01	1,119,295	68,287	1.00	
	TOTALS		1,119,295	68,287		
	E - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,952,198	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	3,952,198		
	F - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,605,055	1.00	
	TOTALS		0	3,605,055		
500.00	Grand Total: Increases		1,119,295	10,723,587	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0158

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

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:04 pm

	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
1.00	A - PROPERTY INSURANCE							1.00
	ADMINISTRATIVE & GENERAL	5.00	0	145,133	9			
	TOTALS		0	145,133				
	B - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	679,690	0			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	316,817	0			2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	265,875	0			3.00
4.00	RESPIRATORY THERAPY	65.00	0	104,250	0			4.00
	TOTALS		0	1,366,632				
	C - CAFETERIA COSTS							
1.00	DIETARY	10.00	0	1,586,282	0			1.00
	TOTALS		0	1,586,282				
	D - SPECIAL CARE NURSERY							
1.00	NURSERY	43.00	1,119,295	68,287	0			1.00
	TOTALS		1,119,295	68,287				
	E - IMPLANT SUPPLIES							
1.00	OPERATING ROOM	50.00	0	2,540,779	0			1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,411,419	0			2.00
	TOTALS		0	3,952,198				
	F - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,605,055	9			1.00
	TOTALS		0	3,605,055				
500.00	Grand Total: Decreases		1,119,295	10,723,587				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

		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	21,700,000	0	0	0	0	1.00	
2.00	Land Improvements	7,149,620	0	0	0	3,207,597	2.00	
3.00	Buildings and Fixtures	33,281,201	3,455,000	0	3,455,000	32,318,112	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	33,281,201	6,274,331	0	6,274,331	32,860,889	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	95,412,022	9,729,331	0	9,729,331	68,386,598	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	95,412,022	9,729,331	0	9,729,331	68,386,598	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,700,000	0				1.00	
2.00	Land Improvements	3,942,023	0				2.00	
3.00	Buildings and Fixtures	4,418,089	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	6,694,643	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	36,754,755	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	36,754,755	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

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	269,883	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,604,487	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,874,370	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	269,883				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,604,487				2.00
3.00	Total (sum of lines 1-2)	0	2,874,370				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
12/2/2019 3:04 pm

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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,457,650	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,604,487	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,062,137	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	0	0	0	2,457,650	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,604,487	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	5,062,137	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0158

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

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-432,486	CAP REL COSTS-BLDG & FIXT	1.00	9	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	-27,381,171			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	5,798,370			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-763,072	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0158

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

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:04 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.60 MARKETING NON ALLOW BEN	A	-19,727	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.60
33.61 MARKETING COSTS	A	-689,772	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.62 MISC REVENUE	B	-351	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.62
33.73 MISCELLANEOUS INCOME	B	-19,993	ADMINISTRATIVE & GENERAL	5.00	0	33.73
33.78 MISCELLANEOUS INCOME	B	-13,605	RADIOLOGY-DIAGNOSTIC	54.00	0	33.78
33.79 REFERRAL LAB REVENUE	B	-240,334	LABORATORY	60.00	0	33.79
33.82 OTHER REVENUE	B	-561	MERCY EYE CENTER	76.02	0	33.82
33.88 OTHER REVENUE	B	-4,657	PHYSICAL THERAPY	66.00	0	33.88
33.92 MRI OTHER REVENUE	B	-2,496	ADULTS & PEDIATRICS	30.00	0	33.92
33.93 OTHER REVENUE	B	11,037	CORONARY CARE UNIT	32.00	0	33.93
33.94 OTHER REVENUE	B	-98,100	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.94
33.95 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.95
33.97 OTHER REVENUE	B	-83,605	OPERATION OF PLANT	7.00	0	33.97
33.98 MISC REVENUE	B	-14,970	CARDIAC REHABILITATION	76.97	0	33.98
33.99 LOBBYING COSTS	B	-38,330	ADMINISTRATIVE & GENERAL	5.00	0	33.99
34.00 OTHER REVENUE	B	-41,346	MERCY CLINICS	90.01	0	34.00
35.00 OTHER REVENUE	B	-222,353	EMERGENCY	91.00	0	35.00
38.00 PHYSICIANS PART B BENEFITS	A	-1,825,641	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00 OCCUPATIONAL MEDICINE ADMIN	A	-173,951	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 HOSPICE COSTS	A	-40,106	ADULTS & PEDIATRICS	30.00	0	40.00
41.00 IMPAIRMENT EXPENSES	A	-4,189,658	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 MEDICAID ASSESSMENT	A	-11,535,655	ADMINISTRATIVE & GENERAL	5.00	0	42.00
42.01 OTHER REVENUE	B	-64,640	OPERATING ROOM	50.00	0	42.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,087,173				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: 14-0158

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:04 pm

	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		7.00	OPERATION OF PLANT	HOME OFFICE COSTS	3,524,294	3,264,830 1.00
2.00		1.00	CAP REL COSTS-BLDG & FIXT	INVESTMENT INCOME	0	1,508,813 2.00
3.00		0.00			0	0 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	TRINITY HEALTH	16,801,786	18,137,068 3.01
3.02		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS HOME OF	652,684	604,633 3.02
3.03		4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMPENSATION	913,062	1,189,274 3.03
3.04		5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE EXPENSE	14,537,428	6,305,144 3.04
4.00		1.00	CAP REL COSTS-BLDG & FIXT	PROPERTY INS	524,011	145,133 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				36,953,265	31,154,895 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

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

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

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

6.00	B	SISTERS OF MERCY	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
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: 14-0158

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:04 pm

	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	259,464	0		1.00
2.00	-1,508,813	9		2.00
3.00	0	0		3.00
3.01	-1,335,282	0		3.01
3.02	48,051	0		3.02
3.03	-276,212	0		3.03
3.04	8,232,284	0		3.04
4.00	378,878	9		4.00
5.00	5,798,370			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	RELIGIOUS ORDER		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0158

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 3:04 pm

	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	AGGREGATE-ADMINISTRATIVE & GENERAL	3,199,011	2,927,510	271,491	177,200	2,129	1.00
2.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	7,308	0	7,308	177,200	1	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,668,373	0	1,668,373	177,200	14,099	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,666,028	2,666,028	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,445,126	1,445,126	0	0	0	5.00
6.00	40.00	AGGREGATE-SUBPROVIDER - IPF	426,407	231,681	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	905,042	905,042	0	0	0	7.00
8.00	50.01	AGGREGATE-GI LAB	75,000	0	75,000	177,200	600	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,939,498	3,939,498	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,285,173	1,285,173	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	914,578	914,578	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,383,135	1,383,135	0	0	0	12.00
13.00	90.01	AGGREGATE-MERCY CLINICS	7,568,516	7,568,516	0	0	0	13.00
14.00	13.00	AGGREGATE-NURSING ADMINISTRATION	6,495	0	0	0	0	14.00
15.00	76.06	AGGREGATE-PRE-BIRTH CENTER	740,182	370,091	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	2,037,601	2,037,601	0	0	0	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	12,480	0	12,480	177,200	1	17.00
18.00	76.08	AGGREGATE-UROLOGY	9,231	0	9,231	177,200	1	18.00
19.00	76.12	AGGREGATE-MENTAL HEALTH CENTER	451,247	451,247	0	0	0	19.00
20.00	76.97	AGGREGATE-CARDIAC REHABILITATION	74,695	0	74,695	177,200	1	20.00
200.00			28,815,126	26,125,226	2,118,578		16,832	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	AGGREGATE-ADMINISTRATIVE & GENERAL	181,374	9,069	0	0	0	1.00
2.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	85	4	0	0	0	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,201,126	60,056	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	7.00
8.00	50.01	AGGREGATE-GI LAB	51,115	2,556	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	90.01	AGGREGATE-MERCY CLINICS	0	0	0	0	0	13.00
14.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	14.00
15.00	76.06	AGGREGATE-PRE-BIRTH CENTER	0	0	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	85	4	0	0	0	17.00
18.00	76.08	AGGREGATE-UROLOGY	85	4	0	0	0	18.00
19.00	76.12	AGGREGATE-MENTAL HEALTH CENTER	0	0	0	0	0	19.00
20.00	76.97	AGGREGATE-CARDIAC REHABILITATION	85	4	0	0	0	20.00
200.00			1,433,955	71,697	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	181,374	90,117	3,017,637		1.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0158

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 3:04 pm

	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		
2.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	85	7,223	7,223		2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	1,201,126	467,247	467,247		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,666,028		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,445,126		5.00
6.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	426,407		6.00
7.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	905,042		7.00
8.00	50.01	AGGREGATE-GI LAB	0	51,115	23,885	23,885		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	3,939,498		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,285,173		10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	914,578		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	1,383,135		12.00
13.00	90.01	AGGREGATE-MERCY CLINICS	0	0	0	7,568,516		13.00
14.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	6,495		14.00
15.00	76.06	AGGREGATE-PRE-BIRTH CENTER	0	0	0	740,182		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,037,601		16.00
17.00	56.00	AGGREGATE-RADIOISOTOPE	0	85	12,395	12,395		17.00
18.00	76.08	AGGREGATE-UROLOGY	0	85	9,146	9,146		18.00
19.00	76.12	AGGREGATE-MENTAL HEALTH CENTER	0	0	0	451,247		19.00
20.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	85	74,610	74,610		20.00
200.00			0	1,433,955	684,623	27,381,171		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,457,650	2,457,650			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,604,487		2,604,487		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,653,373	22,331	0	24,675,704	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,561,195	164,259	1,107,212	4,222,372	58,055,038
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	13,907,743	871,985	8,707	666,051	15,454,486
8.00	00800	LAUNDRY & LINEN SERVICE	1,040,436	38,927	0	0	1,079,363
9.00	00900	HOUSEKEEPING	3,093,392	9,248	2,295	559,117	3,664,052
10.00	01000	DIETARY	1,883,249	43,213	5,099	0	1,931,561
11.00	01100	CAFETERIA	823,210	34,706	4,257	0	862,173
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,919,375	6,257	2	491,587	2,417,221
14.00	01400	CENTRAL SERVICES & SUPPLY	1,417,783	31,953	24,329	195,151	1,669,216
15.00	01500	PHARMACY	15,535,223	0	11,185	0	15,546,408
16.00	01600	MEDICAL RECORDS & LIBRARY	1,439,169	20,335	1,403	196,469	1,657,376
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,665,214	35,384	494	1,415,900	9,116,992
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,036,434	11,766	0	0	1,048,200
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,581,491	359,299	176,492	4,761,410	23,878,692
31.00	03100	INTENSIVE CARE UNIT	4,177,171	28,127	295,213	1,024,439	5,524,950
32.00	03200	CORONARY CARE UNIT	901,939	29,728	5,772	236,487	1,173,926
32.01	02060	NURSERY INTENSIVE CARE CENTER	1,187,582	8,911	10,975	314,775	1,522,243
40.00	04000	SUBPROVIDER - IPF	3,367,665	55,136	373	589,959	4,013,133
41.00	04100	SUBPROVIDER - IRF	2,047,802	21,915	7,564	292,472	2,369,753
43.00	04300	NURSERY	707,462	5,204	14,512	188,219	915,397
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,553,603	132,536	50,090	972,950	7,709,179
50.01	03340	GI LAB	1,365,284	7,208	4,222	168,371	1,545,085
51.00	05100	RECOVERY ROOM	605,137	8,886	0	164,373	778,396
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,577,845	66,161	15,547	667,130	4,326,683
53.00	05300	ANESTHESIOLOGY	361,859	1,497	1,038	35,787	400,181
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,982,666	94,227	126,806	998,551	5,202,250
54.01	05401	MRI CENTER	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	737,402	2,444	6,228	157,141	903,215
56.00	05600	RADIOISOTOPE	723,809	8,915	486	81,460	814,670
57.00	05700	CT SCAN	972,095	2,057	45,720	229,147	1,249,019
58.00	05800	MRI	1,826,559	15,259	284,549	69,677	2,196,044
59.00	05900	CARDIAC CATHETERIZATION	2,269,444	73,348	95,688	580,777	3,019,257
60.00	06000	LABORATORY	8,123,621	62,989	171,708	1,137,538	9,495,856
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,587,532	3,649	10,379	397,942	1,999,502
66.00	06600	PHYSICAL THERAPY	1,086,908	23,067	24,674	300,657	1,435,306
67.00	06700	OCCUPATIONAL THERAPY	629,344	8,812	0	170,054	808,210
68.00	06800	SPEECH PATHOLOGY	337,251	6,821	0	94,344	438,416
70.00	07000	ELECTROENCEPHALOGRAPHY	54,015	8,656	0	14,847	77,518
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,366,632	0	0	0	1,366,632
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,952,198	0	0	0	3,952,198
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	952,036	3,653	0	0	955,689
76.00	03951	EMG	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	201,121	20,060	550	53,687	275,418
76.03	03954	MERCY ENT	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	314,196	2,806	10,797	71,464	399,263
76.05	03956	CARDIAC REHAB	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	235,029	0	0	92,574	327,603
76.07	03958	SLEEP LAB	438,233	0	0	0	438,233
76.08	03640	UROLOGY	65,116	3,666	1,105	18,628	88,515
76.09	03959	ADDP OP	95,499	0	0	26,722	122,221
76.10	03550	PSYCH PARTIAL HOSPITAL	560	5,986	0	0	6,546
76.11	03960	DIABETES TREATMENT	156,043	0	0	30,712	186,755
76.12	03961	MENTAL HEALTH CENTER	449,520	0	0	121,697	571,217
76.13	03650	VEIN CLINIC	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	276,238	0	476	78,620	355,334

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
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								
90.01	09001	MERCY CLINICS	10,988,947	18,624	47,410	1,180,907	12,235,888	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,748,246	61,006	15,478	1,378,596	9,203,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	225,043,033	2,441,017	2,588,835	24,448,761	224,783,805	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	205,673	0	0	56,123	261,796	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,177,003	16,633	9,400	141,418	5,344,454	192.00
192.01	19201	DNBAR CLINIC	175,643	0	0	0	175,643	192.01
192.02	19202	PHILLIPS HEALTH	220,212	0	0	15,277	235,489	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	68,114	0	6,252	14,125	88,491	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	230,889,678	2,457,650	2,604,487	24,675,704	230,889,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	58,055,038					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,218,794	0	20,673,280			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	364,488	0	575,193	2,019,044		8.00
9.00	00900	HOUSEKEEPING	1,237,306	0	136,656	0	5,038,014	9.00
10.00	01000	DIETARY	652,265	0	638,536	0	161,159	10.00
11.00	01100	CAFETERIA	291,145	0	512,823	0	129,430	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	816,267	0	92,461	0	23,336	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	563,674	0	472,155	0	119,166	14.00
15.00	01500	PHARMACY	5,249,835	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	559,676	0	300,484	0	75,838	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,078,699	0	522,853	0	131,962	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	353,965	0	173,859	0	43,880	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,063,519	0	5,309,138	1,346,677	1,339,961	30.00
31.00	03100	INTENSIVE CARE UNIT	1,865,709	0	415,620	141,808	104,897	31.00
32.00	03200	CORONARY CARE UNIT	396,421	0	439,267	51,920	110,866	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	514,043	0	131,671	66,158	33,232	32.01
40.00	04000	SUBPROVIDER - IPF	1,355,187	0	814,705	261,828	205,621	40.00
41.00	04100	SUBPROVIDER - IRF	800,237	0	323,827	150,653	81,730	41.00
43.00	04300	NURSERY	0	0	76,899	0	19,408	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,603,297	0	1,958,405	0	494,277	50.00
50.01	03340	GI LAB	521,757	0	106,504	0	26,880	50.01
51.00	05100	RECOVERY ROOM	262,855	0	131,306	0	33,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,461,069	0	977,622	0	246,739	52.00
53.00	05300	ANESTHESIOLOGY	135,136	0	22,127	0	5,585	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,756,737	0	1,392,330	0	351,407	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	305,005	0	36,109	0	9,113	55.00
56.00	05600	RADIOISOTOPE	275,104	0	131,732	0	33,247	56.00
57.00	05700	CT SCAN	421,779	0	30,395	0	7,671	57.00
58.00	05800	MRI	741,578	0	225,469	0	56,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,019,567	0	1,083,822	0	273,543	59.00
60.00	06000	LABORATORY	3,206,637	0	930,753	0	234,910	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	675,208	0	53,921	0	13,609	65.00
66.00	06600	PHYSICAL THERAPY	484,686	0	340,849	0	86,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	272,923	0	130,212	0	32,864	67.00
68.00	06800	SPEECH PATHOLOGY	148,048	0	100,790	0	25,438	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,177	0	127,902	0	32,281	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	461,495	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,334,610	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	322,725	0	53,981	0	13,624	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	93,005	0	296,411	0	74,810	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	134,826	0	41,459	0	10,464	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	110,628	0	0	0	0	76.06
76.07	03958	SLEEP LAB	147,986	0	0	0	0	76.07
76.08	03640	UROLOGY	29,890	0	54,164	0	13,670	76.08
76.09	03959	ADDP OP	41,273	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	2,211	0	88,449	0	22,323	76.10
76.11	03960	DIABETES TREATMENT	63,065	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	192,893	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	119,992	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								
90.01	09001	MERCY CLINICS	4,131,913	0	275,196	0	69,456	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,107,853	0	901,452	0	227,515	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,993,158	0	20,427,507	2,019,044	4,975,984	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	88,405	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,804,758	0	245,773	0	62,030	192.00
192.01	19201	DNBAR CLINIC	59,313	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	79,522	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	29,882	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	58,055,038	0	20,673,280	2,019,044	5,038,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,383,521					10.00
11.00	01100	CAFETERIA	0	1,795,571				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	31,004	0	3,380,289		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,715	0	0	2,853,926	14.00
15.00	01500	PHARMACY	0	0	0	0	23,085	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,558	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	183,695	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	6	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,315,537	501,152	0	1,464,401	209,721	30.00
31.00	03100	INTENSIVE CARE UNIT	271,893	93,411	0	272,954	92,338	31.00
32.00	03200	CORONARY CARE UNIT	77,015	18,955	0	55,389	15,905	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	23,437	0	68,486	8,518	32.01
40.00	04000	SUBPROVIDER - IPF	483,284	60,780	0	177,605	2,317	40.00
41.00	04100	SUBPROVIDER - IRF	235,792	31,127	0	90,957	10,969	41.00
43.00	04300	NURSERY	0	13,944	0	40,744	5,871	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	80,964	0	236,584	292,846	50.00
50.01	03340	GI LAB	0	14,246	0	41,627	61,651	50.01
51.00	05100	RECOVERY ROOM	0	11,243	0	32,854	2,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,038	0	166,671	59,018	52.00
53.00	05300	ANESTHESIOLOGY	0	26,562	0	77,617	34,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,963	0	0	30,334	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,458	0	0	2,133	55.00
56.00	05600	RADIOISOTOPE	0	5,727	0	0	32,501	56.00
57.00	05700	CT SCAN	0	18,543	0	0	31,723	57.00
58.00	05800	MRI	0	4,577	0	0	1,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46,993	0	137,317	3,371	59.00
60.00	06000	LABORATORY	0	113,482	0	0	527,536	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	36,259	0	105,952	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,988	0	0	1,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,107	0	0	1,345	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,460	0	0	242	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,878	0	0	197	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	460,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	795,597	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	4,242	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	6,216	0	0	774	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	5,515	0	16,114	1,038	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	8,977	0	0	1,132	76.06
76.07	03958	SLEEP LAB	0	0	0	0	0	76.07
76.08	03640	UROLOGY	0	2,255	0	0	29	76.08
76.09	03959	ADDP OP	0	2,233	0	0	4	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	0	2,429	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	16,192	0	0	27	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	6,850	0	0	480	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								
90.01	09001	MERCY CLINICS	0	0	0	0	12,205	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	135,183	0	395,017	116,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,383,521	1,763,116	0	3,380,289	2,843,698	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	5,408	0	0	15	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,664	0	0	8,332	192.00
192.01	19201	DNBAR CLINIC	0	594	0	0	137	192.01
192.02	19202	PHILLIPS HEALTH	0	1,885	0	0	68	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	2,904	0	0	1,676	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,383,521	1,795,571	0	3,380,289	2,853,926	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	20,819,328					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,631,932				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	353,840	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	54,876	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	15,667	0	0	0	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	32,310	0	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	50,723	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,986	0	0	0	41.00
43.00	04300	NURSERY	0	19,266	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	103,922	0	0	0	50.00
50.01	03340	GI LAB	0	27,232	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	11,172	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	53,490	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,792	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	212,090	0	0	0	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,102	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	36,562	0	0	0	56.00
57.00	05700	CT SCAN	0	188,086	0	0	0	57.00
58.00	05800	MRI	0	39,447	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	162,824	0	0	0	59.00
60.00	06000	LABORATORY	0	451,794	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	67,133	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,739	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,613	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,161	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,488	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	29,377	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,827	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,819,328	243,008	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,870	0	0	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	4,553	0	0	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	4,004	0	0	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	17,304	0	0	0	76.06
76.07	03958	SLEEP LAB	0	8,645	0	0	0	76.07
76.08	03640	UROLOGY	0	128	0	0	0	76.08
76.09	03959	ADDP OP	0	294	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	5,489	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	0	754	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	1,878	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	5,504	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								
90.01	09001	MERCY CLINICS	0	10,447	0	0	0	90.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	251,535	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,819,328	2,631,932	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DNBAR CLINIC	0	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,819,328	2,631,932	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,034,201					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,619,910				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,542,387	937,379	0	53,262,404	-8,479,766	30.00
31.00	03100	INTENSIVE CARE UNIT	505,697	62,849	0	9,407,002	-568,546	31.00
32.00	03200	CORONARY CARE UNIT	190,331	23,655	0	2,569,317	-213,986	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	372,326	46,273	0	2,818,697	-418,599	32.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,425,183	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,121,031	0	41.00
43.00	04300	NURSERY	0	0	0	1,091,529	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,111,422	138,129	0	14,729,025	-1,249,551	50.00
50.01	03340	GI LAB	0	0	0	2,344,982	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,263,556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,348,330	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	725,043	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,701,865	211,510	0	10,937,486	-1,913,375	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,299,135	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,329,543	0	56.00
57.00	05700	CT SCAN	0	0	0	1,947,216	0	57.00
58.00	05800	MRI	0	0	0	3,265,580	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,746,694	0	59.00
60.00	06000	LABORATORY	0	0	0	14,960,968	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	2,951,584	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,392,811	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,271,274	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	726,555	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	267,441	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,318,468	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,119,232	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,062,336	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,358,131	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	0	0	751,187	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	0	0	612,683	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	0	465,644	0	76.06
76.07	03958	SLEEP LAB	0	0	0	594,864	0	76.07
76.08	03640	UROLOGY	0	0	0	188,651	0	76.08
76.09	03959	ADDP OP	0	0	0	166,025	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	125,018	0	76.10
76.11	03960	DIABETES TREATMENT	0	0	0	253,003	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	0	782,207	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	0	0	488,160	0	76.97

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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								
90.01	09001	MERCY CLINICS	0	0	0	16,735,105	0	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	1,610,173	200,115	0	16,148,339	-1,810,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,034,201	1,619,910	0	222,371,439	-14,654,111	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	355,624	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,487,011	0	192.00
192.01	19201	DNBAR CLINIC	0	0	0	235,687	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	0	316,964	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	0	122,953	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	13,034,201	1,619,910	0	230,889,678	-14,654,111	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	32.01
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03340	GI LAB	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	MRI CENTER	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
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	EMG	76.00
76.01	03952	CARDIOVASCULAR LAB	76.01
76.02	03953	MERCY EYE CENTER	76.02
76.03	03954	MERCY ENT	76.03
76.04	03955	WOUND CARE CENTER	76.04
76.05	03956	CARDIAC REHAB	76.05
76.06	03957	PRE-BIRTH CENTER	76.06
76.07	03958	SLEEP LAB	76.07
76.08	03640	UROLOGY	76.08
76.09	03959	ADDP OP	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	76.10
76.11	03960	DIABETES TREATMENT	76.11
76.12	03961	MENTAL HEALTH CENTER	76.12
76.13	03650	VEIN CLINIC	76.13
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	MERCY CLINICS	90.01
90.02	09002	MERCY CLINIC STATE ST	90.02
90.03	09003	MERCY CLINIC POLK ST	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	14,338,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,717,328	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	355,624	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,487,011	192.00
192.01	19201	DNBAR CLINIC	235,687	192.01
192.02	19202	PHILLIPS HEALTH	316,964	192.02
192.03	19204	OTHER HOME HEALTH	0	192.03
192.04	19205	VITAS HOSPICE	0	192.04
192.05	19203	DOCTORS OFFICE	122,953	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	SENIOR FRIENDS	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	216,235,567	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

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	22,331	0	22,331	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	97,105	164,259	1,107,212	1,368,576	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	86,780	871,985	8,707	967,472	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,927	0	38,927	8.00
9.00	00900	HOUSEKEEPING	8,175	9,248	2,295	19,718	9.00
10.00	01000	DIETARY	2,122	43,213	5,099	50,434	10.00
11.00	01100	CAFETERIA	1,771	34,706	4,257	40,734	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	6,257	2	6,259	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	481,336	31,953	24,329	537,618	14.00
15.00	01500	PHARMACY	0	0	11,185	11,185	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,335	1,403	21,738	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	35,384	494	35,878	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	11,766	0	11,766	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,843	359,299	176,492	561,634	30.00
31.00	03100	INTENSIVE CARE UNIT	5,299	28,127	295,213	328,639	31.00
32.00	03200	CORONARY CARE UNIT	686	29,728	5,772	36,186	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	8,911	10,975	19,886	32.01
40.00	04000	SUBPROVIDER - IPF	59	55,136	373	55,568	40.00
41.00	04100	SUBPROVIDER - IRF	2,716	21,915	7,564	32,195	41.00
43.00	04300	NURSERY	0	5,204	14,512	19,716	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,086,762	132,536	50,090	1,269,388	50.00
50.01	03340	GI LAB	149,230	7,208	4,222	160,660	50.01
51.00	05100	RECOVERY ROOM	5,670	8,886	0	14,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,345	66,161	15,547	91,053	52.00
53.00	05300	ANESTHESIOLOGY	0	1,497	1,038	2,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,227	126,806	221,033	54.00
54.01	05401	MRI CENTER	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,444	6,228	8,672	55.00
56.00	05600	RADIOISOTOPE	0	8,915	486	9,401	56.00
57.00	05700	CT SCAN	0	2,057	45,720	47,777	57.00
58.00	05800	MRI	924,190	15,259	284,549	1,223,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	73,348	95,688	169,036	59.00
60.00	06000	LABORATORY	0	62,989	171,708	234,697	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	44,839	3,649	10,379	58,867	65.00
66.00	06600	PHYSICAL THERAPY	0	23,067	24,674	47,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,812	0	8,812	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,821	0	6,821	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,656	0	8,656	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	3,653	0	3,653	74.00
76.00	03951	EMG	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	20,060	550	20,610	76.02
76.03	03954	MERCY ENT	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	484	2,806	10,797	14,087	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	0	0	76.06
76.07	03958	SLEEP LAB	0	0	0	0	76.07
76.08	03640	UROLOGY	0	3,666	1,105	4,771	76.08
76.09	03959	ADDP OP	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	5,986	0	5,986	76.10
76.11	03960	DIABETES TREATMENT	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	0	476	476	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

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
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	MERCY CLINICS	420,557	18,624	47,410	486,591	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	61,006	15,478	76,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,352,969	2,441,017	2,588,835	8,382,821	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,633	9,400	26,033	192.00
192.01	19201	DNBAR CLINIC	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	6,252	6,252	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,352,969	2,457,650	2,604,487	8,415,106	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,372,405					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	123,373	0	1,091,449			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,617	0	30,367	77,911		8.00
9.00	00900	HOUSEKEEPING	29,250	0	7,215	0	56,690	9.00
10.00	01000	DIETARY	15,420	0	33,712	0	1,813	10.00
11.00	01100	CAFETERIA	6,883	0	27,075	0	1,456	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19,297	0	4,882	0	263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,325	0	24,927	0	1,341	14.00
15.00	01500	PHARMACY	124,107	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,231	0	15,864	0	853	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	72,781	0	27,604	0	1,485	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,368	0	9,179	0	494	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	190,596	0	280,294	51,967	15,079	30.00
31.00	03100	INTENSIVE CARE UNIT	44,106	0	21,943	5,472	1,180	31.00
32.00	03200	CORONARY CARE UNIT	9,371	0	23,191	2,003	1,248	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	12,152	0	6,952	2,553	374	32.01
40.00	04000	SUBPROVIDER - IPF	32,037	0	43,012	10,103	2,314	40.00
41.00	04100	SUBPROVIDER - IRF	18,918	0	17,097	5,813	920	41.00
43.00	04300	NURSERY	0	0	4,060	0	218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,542	0	103,394	0	5,562	50.00
50.01	03340	GI LAB	12,334	0	5,623	0	302	50.01
51.00	05100	RECOVERY ROOM	6,214	0	6,932	0	373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,540	0	51,614	0	2,776	52.00
53.00	05300	ANESTHESIOLOGY	3,195	0	1,168	0	63	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,530	0	73,508	0	3,954	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,210	0	1,906	0	103	55.00
56.00	05600	RADIOISOTOPE	6,504	0	6,955	0	374	56.00
57.00	05700	CT SCAN	9,971	0	1,605	0	86	57.00
58.00	05800	MRI	17,531	0	11,904	0	640	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,103	0	57,221	0	3,078	59.00
60.00	06000	LABORATORY	75,805	0	49,139	0	2,643	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	15,962	0	2,847	0	153	65.00
66.00	06600	PHYSICAL THERAPY	11,458	0	17,995	0	968	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,452	0	6,875	0	370	67.00
68.00	06800	SPEECH PATHOLOGY	3,500	0	5,321	0	286	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619	0	6,753	0	363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,910	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,550	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	7,629	0	2,850	0	153	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	2,199	0	15,649	0	842	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	3,187	0	2,189	0	118	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	2,615	0	0	0	0	76.06
76.07	03958	SLEEP LAB	3,498	0	0	0	0	76.07
76.08	03640	UROLOGY	707	0	2,860	0	154	76.08
76.09	03959	ADDP OP	976	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	52	0	4,670	0	251	76.10
76.11	03960	DIABETES TREATMENT	1,491	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	4,560	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	2,837	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								
90.01	09001	MERCY CLINICS	97,679	0	14,529	0	782	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	73,470	0	47,592	0	2,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,323,662	0	1,078,473	77,911	55,992	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	2,090	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,665	0	12,976	0	698	192.00
192.01	19201	DNBAR CLINIC	1,402	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	1,880	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	706	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	1,372,405	0	1,091,449	77,911	56,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	101,379					10.00
11.00	01100	CAFETERIA	0	76,148				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,315	0	32,462		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,260	0	0	578,648	14.00
15.00	01500	PHARMACY	0	0	0	0	4,681	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,635	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,790	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,379	21,253	0	14,063	42,522	30.00
31.00	03100	INTENSIVE CARE UNIT	8,147	3,961	0	2,621	18,722	31.00
32.00	03200	CORONARY CARE UNIT	2,308	804	0	532	3,225	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	994	0	658	1,727	32.01
40.00	04000	SUBPROVIDER - IPF	14,480	2,578	0	1,706	470	40.00
41.00	04100	SUBPROVIDER - IRF	7,065	1,320	0	873	2,224	41.00
43.00	04300	NURSERY	0	591	0	391	1,190	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,434	0	2,272	59,376	50.00
50.01	03340	GI LAB	0	604	0	400	12,500	50.01
51.00	05100	RECOVERY ROOM	0	477	0	316	525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,419	0	1,601	11,966	52.00
53.00	05300	ANESTHESIOLOGY	0	1,126	0	745	6,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,349	0	0	6,150	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	443	0	0	433	55.00
56.00	05600	RADIOISOTOPE	0	243	0	0	6,590	56.00
57.00	05700	CT SCAN	0	786	0	0	6,432	57.00
58.00	05800	MRI	0	194	0	0	316	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,993	0	1,319	684	59.00
60.00	06000	LABORATORY	0	4,813	0	0	106,961	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,538	0	1,017	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,017	0	0	247	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	598	0	0	273	67.00
68.00	06800	SPEECH PATHOLOGY	0	274	0	0	49	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	80	0	0	40	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	93,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	161,308	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	860	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	264	0	0	157	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	234	0	155	211	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	381	0	0	230	76.06
76.07	03958	SLEEP LAB	0	0	0	0	0	76.07
76.08	03640	UROLOGY	0	96	0	0	6	76.08
76.09	03959	ADDP OP	0	95	0	0	1	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	0	103	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	687	0	0	5	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	290	0	0	97	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								
90.01	09001	MERCY CLINICS	0	0	0	0	2,475	90.01

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	5,733	0	3,793	23,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,379	74,772	0	32,462	576,574	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	229	0	0	3	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	919	0	0	1,689	192.00
192.01	19201	DNBAR CLINIC	0	25	0	0	28	192.01
192.02	19202	PHILLIPS HEALTH	0	80	0	0	14	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	123	0	0	340	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	101,379	76,148	0	32,462	578,648	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	139,973					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	53,499				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,208	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,118	0			31.00
32.00	03200	CORONARY CARE UNIT	0	319	0			32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	658	0			32.01
40.00	04000	SUBPROVIDER - IPF	0	1,033	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	529	0			41.00
43.00	04300	NURSERY	0	392	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,117	0			50.00
50.01	03340	GI LAB	0	555	0			50.01
51.00	05100	RECOVERY ROOM	0	228	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,090	0			52.00
53.00	05300	ANESTHESIOLOGY	0	485	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,320	0			54.00
54.01	05401	MRI CENTER	0	0	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	674	0			55.00
56.00	05600	RADIOISOTOPE	0	745	0			56.00
57.00	05700	CT SCAN	0	3,831	0			57.00
58.00	05800	MRI	0	804	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,317	0			59.00
60.00	06000	LABORATORY	0	9,088	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	1,368	0			65.00
66.00	06600	PHYSICAL THERAPY	0	422	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	237	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	146	0			68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	598	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	750	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,973	4,950	0			73.00
74.00	07400	RENAL DIALYSIS	0	160	0			74.00
76.00	03951	EMG	0	0	0			76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0			76.01
76.02	03953	MERCY EYE CENTER	0	93	0			76.02
76.03	03954	MERCY ENT	0	0	0			76.03
76.04	03955	WOUND CARE CENTER	0	82	0			76.04
76.05	03956	CARDIAC REHAB	0	0	0			76.05
76.06	03957	PRE-BIRTH CENTER	0	353	0			76.06
76.07	03958	SLEEP LAB	0	176	0			76.07
76.08	03640	UROLOGY	0	3	0			76.08
76.09	03959	ADDP OP	0	6	0			76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	112	0			76.10
76.11	03960	DIABETES TREATMENT	0	15	0			76.11
76.12	03961	MENTAL HEALTH CENTER	0	38	0			76.12
76.13	03650	VEIN CLINIC	0	0	0			76.13
76.97	07697	CARDIAC REHABILITATION	0	112	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	MERCY CLINICS	0	213	0			90.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	0			90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0			90.03
91.00	09100	EMERGENCY	0	5,124	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,973	53,499	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	DNBAR CLINIC	0	0	0			192.01
192.02	19202	PHILLIPS HEALTH	0	0	0			192.02
192.03	19204	OTHER HOME HEALTH	0	0	0			192.03
192.04	19205	VITAS HOSPICE	0	0	0			192.04
192.05	19203	DOCTORS OFFICE	0	0	0			192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01	07951	SENIOR FRIENDS	0	0	0			194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	139,973	53,499	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	146,822					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		29,808				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,258,269	0	30.00
31.00	03100	INTENSIVE CARE UNIT				436,838	0	31.00
32.00	03200	CORONARY CARE UNIT				79,401	0	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER				46,239	0	32.01
40.00	04000	SUBPROVIDER - IPF				163,836	0	40.00
41.00	04100	SUBPROVIDER - IRF				87,219	0	41.00
43.00	04300	NURSERY				26,729	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				1,507,967	0	50.00
50.01	03340	GI LAB				193,131	0	50.01
51.00	05100	RECOVERY ROOM				29,770	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				197,664	0	52.00
53.00	05300	ANESTHESIOLOGY				16,252	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				354,749	0	54.00
54.01	05401	MRI CENTER				0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC				19,583	0	55.00
56.00	05600	RADIOISOTOPE				30,886	0	56.00
57.00	05700	CT SCAN				70,696	0	57.00
58.00	05800	MRI				1,255,450	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				261,278	0	59.00
60.00	06000	LABORATORY				484,177	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00	06500	RESPIRATORY THERAPY				82,113	0	65.00
66.00	06600	PHYSICAL THERAPY				80,121	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				23,771	0	67.00
68.00	06800	SPEECH PATHOLOGY				16,483	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY				16,554	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				104,971	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				193,608	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				144,923	0	73.00
74.00	07400	RENAL DIALYSIS				15,305	0	74.00
76.00	03951	EMG				0	0	76.00
76.01	03952	CARDIOVASCULAR LAB				0	0	76.01
76.02	03953	MERCY EYE CENTER				39,863	0	76.02
76.03	03954	MERCY ENT				0	0	76.03
76.04	03955	WOUND CARE CENTER				20,328	0	76.04
76.05	03956	CARDIAC REHAB				0	0	76.05
76.06	03957	PRE-BIRTH CENTER				3,663	0	76.06
76.07	03958	SLEEP LAB				3,674	0	76.07
76.08	03640	UROLOGY				8,614	0	76.08
76.09	03959	ADDP OP				1,102	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL				11,071	0	76.10
76.11	03960	DIABETES TREATMENT				1,637	0	76.11
76.12	03961	MENTAL HEALTH CENTER				5,400	0	76.12
76.13	03650	VEIN CLINIC				0	0	76.13
76.97	07697	CARDIAC REHABILITATION				3,883	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
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Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		23.00	24.00	25.00
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	MERCY CLINICS				603,340	0	90.01
90.02	09002	MERCY CLINIC STATE ST				0	0	90.02
90.03	09003	MERCY CLINIC POLK ST				0	0	90.03
91.00	09100	EMERGENCY				239,560	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	8,140,118	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH				2,373	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				85,108	0	192.00
192.01	19201	DNBAR CLINIC				1,455	0	192.01
192.02	19202	PHILLIPS HEALTH				1,988	0	192.02
192.03	19204	OTHER HOME HEALTH				0	0	192.03
192.04	19205	VITAS HOSPICE				0	0	192.04
192.05	19203	DOCTORS OFFICE				7,434	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
194.01	07951	SENIOR FRIENDS				0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.03
200.00		Cross Foot Adjustments	146,822	29,808	0	176,630	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,822	29,808	0	8,415,106	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	32.01
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03340	GI LAB	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	MRI CENTER	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
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	EMG	76.00
76.01	03952	CARDIOVASCULAR LAB	76.01
76.02	03953	MERCY EYE CENTER	76.02
76.03	03954	MERCY ENT	76.03
76.04	03955	WOUND CARE CENTER	76.04
76.05	03956	CARDIAC REHAB	76.05
76.06	03957	PRE-BIRTH CENTER	76.06
76.07	03958	SLEEP LAB	76.07
76.08	03640	UROLOGY	76.08
76.09	03959	ADDP OP	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	76.10
76.11	03960	DIABETES TREATMENT	76.11
76.12	03961	MENTAL HEALTH CENTER	76.12
76.13	03650	VEIN CLINIC	76.13
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	MERCY CLINICS	90.01
90.02	09002	MERCY CLINIC STATE ST	90.02
90.03	09003	MERCY CLINIC POLK ST	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	239,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,140,118	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	2,373	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,108	192.00
192.01	19201	DNBAR CLINIC	1,455	192.01
192.02	19202	PHILLIPS HEALTH	1,988	192.02
192.03	19204	OTHER HOME HEALTH	0	192.03
192.04	19205	VITAS HOSPICE	0	192.04
192.05	19203	DOCTORS OFFICE	7,434	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	SENIOR FRIENDS	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
200.00		Cross Foot Adjustments	176,630	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,415,106	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	597,389					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,645,536				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,428	0	87,743,195			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,927	1,974,901	15,014,159	-58,055,038	171,919,243	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	211,956	15,530	2,368,382	0	15,454,486	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,462	0	0	0	1,079,363	8.00
9.00	00900	HOUSEKEEPING	2,248	4,094	1,988,141	0	3,664,052	9.00
10.00	01000	DIETARY	10,504	9,095	0	0	1,931,561	10.00
11.00	01100	CAFETERIA	8,436	7,593	0	0	862,173	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,521	3	1,748,014	0	2,417,221	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,767	43,394	693,931	0	1,669,216	14.00
15.00	01500	PHARMACY	0	19,951	0	0	15,546,408	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,943	2,503	698,615	0	1,657,376	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,601	881	5,034,741	0	9,116,992	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,860	0	0	0	1,048,200	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,336	314,802	16,930,780	0	23,878,692	30.00
31.00	03100	INTENSIVE CARE UNIT	6,837	526,561	3,642,759	0	5,524,950	31.00
32.00	03200	CORONARY CARE UNIT	7,226	10,295	840,916	0	1,173,926	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	2,166	19,576	1,119,295	0	1,522,243	32.01
40.00	04000	SUBPROVIDER - IPF	13,402	665	2,097,811	0	4,013,133	40.00
41.00	04100	SUBPROVIDER - IRF	5,327	13,491	1,039,988	0	2,369,753	41.00
43.00	04300	NURSERY	1,265	25,885	669,282	-915,397	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,216	89,343	3,459,673	0	7,709,179	50.00
50.01	03340	GI LAB	1,752	7,530	598,702	0	1,545,085	50.01
51.00	05100	RECOVERY ROOM	2,160	0	584,488	0	778,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,082	27,730	2,372,221	0	4,326,683	52.00
53.00	05300	ANESTHESIOLOGY	364	1,852	127,252	0	400,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,904	226,180	3,550,705	0	5,202,250	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	594	11,109	558,772	0	903,215	55.00
56.00	05600	RADIOISOTOPE	2,167	867	289,659	0	814,670	56.00
57.00	05700	CT SCAN	500	81,549	814,815	0	1,249,019	57.00
58.00	05800	MRI	3,709	507,541	247,761	0	2,196,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,829	170,676	2,065,160	0	3,019,257	59.00
60.00	06000	LABORATORY	15,311	306,269	4,044,923	0	9,495,856	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	887	18,512	1,415,027	0	1,999,502	65.00
66.00	06600	PHYSICAL THERAPY	5,607	44,010	1,069,093	0	1,435,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,142	0	604,688	0	808,210	67.00
68.00	06800	SPEECH PATHOLOGY	1,658	0	335,475	0	438,416	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,104	0	52,794	0	77,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,366,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,952,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	888	0	0	0	955,689	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	4,876	981	190,902	0	275,418	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	682	19,259	254,115	0	399,263	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	329,181	0	327,603	76.06
76.07	03958	SLEEP LAB	0	0	0	0	438,233	76.07
76.08	03640	UROLOGY	891	1,971	66,238	0	88,515	76.08
76.09	03959	ADDP OP	0	0	95,019	0	122,221	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	1,455	0	0	0	6,546	76.10
76.11	03960	DIABETES TREATMENT	0	0	109,208	0	186,755	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	432,738	0	571,217	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	849	279,563	0	355,334	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
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								
90.01	09001	MERCY CLINICS	4,527	84,563	4,199,137	0	12,235,888	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	14,829	27,608	4,902,093	0	9,203,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	593,346	4,617,619	86,936,216	-58,970,435	165,813,370	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	199,564	0	261,796	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,043	16,766	502,863	0	5,344,454	192.00
192.01	19201	DNBAR CLINIC	0	0	0	0	175,643	192.01
192.02	19202	PHILLIPS HEALTH	0	0	54,324	0	235,489	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	11,151	50,228	0	88,491	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	2,457,650	2,604,487	24,675,704		58,055,038	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.113986	0.560643	0.281226		0.337688	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			22,331		1,372,405	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000255		0.007983	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: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	340,078				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,462	56,154			8.00
9.00	00900	HOUSEKEEPING	0	2,248	0	328,368		9.00
10.00	01000	DIETARY	0	10,504	0	10,504	50,611	10.00
11.00	01100	CAFETERIA	0	8,436	0	8,436	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,521	0	1,521	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,767	0	7,767	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,943	0	4,943	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,601	0	8,601	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,860	0	2,860	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	87,336	37,454	87,336	34,636	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,837	3,944	6,837	4,067	31.00
32.00	03200	CORONARY CARE UNIT	0	7,226	1,444	7,226	1,152	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	2,166	1,840	2,166	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	13,402	7,282	13,402	7,229	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,327	4,190	5,327	3,527	41.00
43.00	04300	NURSERY	0	1,265	0	1,265	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,216	0	32,216	0	50.00
50.01	03340	GI LAB	0	1,752	0	1,752	0	50.01
51.00	05100	RECOVERY ROOM	0	2,160	0	2,160	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,082	0	16,082	0	52.00
53.00	05300	ANESTHESIOLOGY	0	364	0	364	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,904	0	22,904	0	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	594	0	594	0	55.00
56.00	05600	RADIOISOTOPE	0	2,167	0	2,167	0	56.00
57.00	05700	CT SCAN	0	500	0	500	0	57.00
58.00	05800	MRI	0	3,709	0	3,709	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,829	0	17,829	0	59.00
60.00	06000	LABORATORY	0	15,311	0	15,311	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	887	0	887	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,607	0	5,607	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,142	0	2,142	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,658	0	1,658	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,104	0	2,104	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	888	0	888	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	4,876	0	4,876	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	682	0	682	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	0	0	0	76.06
76.07	03958	SLEEP LAB	0	0	0	0	0	76.07
76.08	03640	UROLOGY	0	891	0	891	0	76.08
76.09	03959	ADDP OP	0	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	1,455	0	1,455	0	76.10
76.11	03960	DIABETES TREATMENT	0	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	MERCY CLINICS	0	4,527	0	4,527	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	14,829	0	14,829	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	336,035	56,154	324,325	50,611	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,043	0	4,043	0	192.00
192.01	19201	DNBAR CLINIC	0	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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	20,673,280	2,019,044	5,038,014	3,383,521	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	60.789819	35.955480	15.342585	66.853471	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,091,449	77,911	56,690	101,379	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.209408	1.387452	0.172642	2.003102	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: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,885,250					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	32,552	0	1,214,584			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,199	0	0	15,612,591		14.00
15.00	01500	PHARMACY	0	0	0	126,290	10,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,484	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	192,870	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	35	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	526,179	0	526,179	1,147,296	0	30.00
31.00	03100	INTENSIVE CARE UNIT	98,076	0	98,076	505,143	0	31.00
32.00	03200	CORONARY CARE UNIT	19,902	0	19,902	87,009	0	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	24,608	0	24,608	46,599	0	32.01
40.00	04000	SUBPROVIDER - IPF	63,816	0	63,816	12,675	0	40.00
41.00	04100	SUBPROVIDER - IRF	32,682	0	32,682	60,005	0	41.00
43.00	04300	NURSERY	14,640	0	14,640	32,116	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,008	0	85,008	1,602,036	0	50.00
50.01	03340	GI LAB	14,957	0	14,957	337,269	0	50.01
51.00	05100	RECOVERY ROOM	11,805	0	11,805	14,167	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,887	0	59,887	322,864	0	52.00
53.00	05300	ANESTHESIOLOGY	27,889	0	27,889	186,237	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,907	0	0	165,944	0	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,980	0	0	11,671	0	55.00
56.00	05600	RADIOISOTOPE	6,013	0	0	177,802	0	56.00
57.00	05700	CT SCAN	19,469	0	0	173,542	0	57.00
58.00	05800	MRI	4,806	0	0	8,529	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,340	0	49,340	18,443	0	59.00
60.00	06000	LABORATORY	119,150	0	0	2,885,930	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	38,070	0	38,070	0	0	65.00
66.00	06600	PHYSICAL THERAPY	25,186	0	0	6,656	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,812	0	0	7,359	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,783	0	0	1,326	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,972	0	0	1,079	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,521,742	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,352,316	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,206	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	6,526	0	0	4,235	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	5,790	0	5,790	5,681	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	9,425	0	0	6,195	0	76.06
76.07	03958	SLEEP LAB	0	0	0	0	0	76.07
76.08	03640	UROLOGY	2,368	0	0	159	0	76.08
76.09	03959	ADDP OP	2,345	0	0	20	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	2,550	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	17,001	0	0	145	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	7,192	0	0	2,627	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 MERCY CLINICS	0	0	0	66,769	0	90.01
90.02	09002 MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	141,935	0	141,935	635,519	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,851,174	0	1,214,584	15,556,636	10,000	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	5,678	0	0	84	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	22,746	0	0	45,579	0	192.00
192.01	19201 DNBAR CLINIC	624	0	0	750	0	192.01
192.02	19202 PHILLIPS HEALTH	1,979	0	0	373	0	192.02
192.03	19204 OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205 VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203 DOCTORS OFFICE	3,049	0	0	9,169	0	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	1,795,571	0	3,380,289	2,853,926	20,819,328	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.952431	0.000000	2.783084	0.182796	2,081.932800	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	76,148	0	32,462	578,648	139,973	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040391	0.000000	0.026727	0.037063	13.997300	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: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	602,433,145					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			9,382	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,988,883	0	0	0	5,429	30.00
31.00	03100	INTENSIVE CARE UNIT	12,560,396	0	0	0	364	31.00
32.00	03200	CORONARY CARE UNIT	3,585,878	0	0	0	137	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	7,395,353	0	0	0	268	32.01
40.00	04000	SUBPROVIDER - IPF	11,609,839	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,947,820	0	0	0	0	41.00
43.00	04300	NURSERY	4,409,780	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,786,126	0	0	0	800	50.00
50.01	03340	GI LAB	6,232,954	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,557,001	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,243,040	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,445,665	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,544,352	0	0	0	1,225	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,576,657	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,368,615	0	0	0	0	56.00
57.00	05700	CT SCAN	43,050,039	0	0	0	0	57.00
58.00	05800	MRI	9,028,761	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,267,918	0	0	0	0	59.00
60.00	06000	LABORATORY	103,431,470	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	15,365,737	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,746,804	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,658,129	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,638,935	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	340,600	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,723,905	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,429,058	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,621,062	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,801,309	0	0	0	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	1,042,195	0	0	0	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	916,387	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	3,960,678	0	0	0	0	76.06
76.07	03958	SLEEP LAB	1,978,737	0	0	0	0	76.07
76.08	03640	UROLOGY	29,355	0	0	0	0	76.08
76.09	03959	ADDP OP	67,262	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	1,256,319	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	172,685	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	429,734	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	1,259,890	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
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								
90.01	09001	MERCY CLINICS	2,391,158	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	57,572,659	0	0	0	1,159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	602,433,145	0	0	0	9,382	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DNBAR CLINIC	0	0	0	0	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	0	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	0	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	0	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	0	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	2,631,932	0	0	0	13,034,201	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004369	0.000000	0.000000	0.000000	1,389.277446	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53,499	0	0	0	146,822	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000089	0.000000	0.000000	0.000000	15.649329	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,382		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,429	0	30.00
31.00	03100	INTENSIVE CARE UNIT	364	0	31.00
32.00	03200	CORONARY CARE UNIT	137	0	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	268	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	800	0	50.00
50.01	03340	GI LAB	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,225	0	54.00
54.01	05401	MRI CENTER	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	EMG	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	0	76.02
76.03	03954	MERCY ENT	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	0	76.04
76.05	03956	CARDIAC REHAB	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	76.06
76.07	03958	SLEEP LAB	0	0	76.07
76.08	03640	UROLOGY	0	0	76.08
76.09	03959	ADDP OP	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	76.10
76.11	03960	DIABETES TREATMENT	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	MERCY CLINICS	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	90.03
91.00	09100	EMERGENCY	1,159	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,382	100	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	DNBAR CLINIC	0	0	192.01
192.02	19202	PHILLIPS HEALTH	0	0	192.02
192.03	19204	OTHER HOME HEALTH	0	0	192.03
192.04	19205	VITAS HOSPICE	0	0	192.04
192.05	19203	DOCTORS OFFICE	0	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	SENIOR FRIENDS	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
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)	1,619,910	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	172.661479	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29,808	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.177148	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,782,638		44,782,638	30.00
31.00	03100	INTENSIVE CARE UNIT	8,838,456		8,838,456	31.00
32.00	03200	CORONARY CARE UNIT	2,355,331		2,355,331	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	2,400,098		2,400,098	32.01
40.00	04000	SUBPROVIDER - IPF	7,425,183		7,425,183	40.00
41.00	04100	SUBPROVIDER - IRF	4,121,031		4,121,031	41.00
43.00	04300	NURSERY	1,091,529		1,091,529	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,479,474		13,479,474	50.00
50.01	03340	GI LAB	2,344,982		2,344,982	50.01
51.00	05100	RECOVERY ROOM	1,263,556		1,263,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,348,330		7,348,330	52.00
53.00	05300	ANESTHESIOLOGY	725,043		725,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,024,111		9,024,111	54.00
54.01	05401	MRI CENTER	0		0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,299,135		1,299,135	55.00
56.00	05600	RADIOISOTOPE	1,329,543		1,329,543	56.00
57.00	05700	CT SCAN	1,947,216		1,947,216	57.00
58.00	05800	MRI	3,265,580		3,265,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,746,694		5,746,694	59.00
60.00	06000	LABORATORY	14,960,968		14,960,968	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	62.30
65.00	06500	RESPIRATORY THERAPY	2,951,584	0	2,951,584	65.00
66.00	06600	PHYSICAL THERAPY	2,392,811	0	2,392,811	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,271,274	0	1,271,274	67.00
68.00	06800	SPEECH PATHOLOGY	726,555	0	726,555	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	267,441		267,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,318,468		2,318,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,119,232		6,119,232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,062,336		21,062,336	73.00
74.00	07400	RENAL DIALYSIS	1,358,131		1,358,131	74.00
76.00	03951	EMG	0		0	76.00
76.01	03952	CARDIOVASCULAR LAB	0		0	76.01
76.02	03953	MERCY EYE CENTER	751,187		751,187	76.02
76.03	03954	MERCY ENT	0		0	76.03
76.04	03955	WOUND CARE CENTER	612,683		612,683	76.04
76.05	03956	CARDIAC REHAB	0		0	76.05
76.06	03957	PRE-BIRTH CENTER	465,644		465,644	76.06
76.07	03958	SLEEP LAB	594,864		594,864	76.07
76.08	03640	UROLOGY	188,651		188,651	76.08
76.09	03959	ADDP OP	166,025		166,025	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	125,018		125,018	76.10
76.11	03960	DIABETES TREATMENT	253,003		253,003	76.11
76.12	03961	MENTAL HEALTH CENTER	782,207		782,207	76.12
76.13	03650	VEIN CLINIC	0		0	76.13
76.97	07697	CARDIAC REHABILITATION	488,160		488,160	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	76.98
76.99	07699	LITHOTRIPSY	0		0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	MERCY CLINICS	16,735,105		16,735,105	90.01
90.02	09002	MERCY CLINIC STATE ST	0		0	90.02
90.03	09003	MERCY CLINIC POLK ST	0		0	90.03
91.00	09100	EMERGENCY	14,338,051		14,338,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,442,760		7,442,760	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	93.99
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	99.40
200.00		Subtotal (see instructions)	215,160,088	0	215,160,088	200.00
201.00		Less Observation Beds	7,442,760		7,442,760	201.00
202.00		Total (see instructions)	207,717,328	0	207,717,328	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,048,445		70,048,445		30.00
31.00	03100	INTENSIVE CARE UNIT	12,560,396		12,560,396		31.00
32.00	03200	CORONARY CARE UNIT	3,585,878		3,585,878		32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	7,395,353		7,395,353		32.01
40.00	04000	SUBPROVIDER - IPF	11,609,839		11,609,839		40.00
41.00	04100	SUBPROVIDER - IRF	5,947,820		5,947,820		41.00
43.00	04300	NURSERY	4,409,780		4,409,780		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,619,213	15,166,913	23,786,126	0.566695	50.00
50.01	03340	GI LAB	1,857,305	4,375,649	6,232,954	0.376223	50.01
51.00	05100	RECOVERY ROOM	1,145,746	1,411,255	2,557,001	0.494155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,520,225	722,815	12,243,040	0.600205	52.00
53.00	05300	ANESTHESIOLOGY	1,926,304	3,519,361	5,445,665	0.133141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,565,433	37,978,919	48,544,352	0.185894	54.00
54.01	05401	MRI CENTER	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	433,441	7,143,216	7,576,657	0.171465	55.00
56.00	05600	RADIOISOTOPE	1,880,530	6,488,085	8,368,615	0.158873	56.00
57.00	05700	CT SCAN	13,815,263	29,234,776	43,050,039	0.045231	57.00
58.00	05800	MRI	2,558,083	6,470,678	9,028,761	0.361686	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,061,028	17,206,890	37,267,918	0.154199	59.00
60.00	06000	LABORATORY	47,836,113	55,595,357	103,431,470	0.144646	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	13,679,475	1,686,262	15,365,737	0.192089	65.00
66.00	06600	PHYSICAL THERAPY	2,851,339	1,895,465	4,746,804	0.504089	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,928,094	730,035	2,658,129	0.478259	67.00
68.00	06800	SPEECH PATHOLOGY	1,185,796	453,139	1,638,935	0.443309	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	233,872	106,728	340,600	0.785206	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,197,275	1,526,630	6,723,905	0.344810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,138,761	4,290,297	8,429,058	0.725969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,784,968	36,836,094	55,621,062	0.378676	73.00
74.00	07400	RENAL DIALYSIS	1,669,509	131,800	1,801,309	0.753969	74.00
76.00	03951	EMG	0	0	0	0.000000	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0.000000	76.01
76.02	03953	MERCY EYE CENTER	998	1,041,197	1,042,195	0.720774	76.02
76.03	03954	MERCY ENT	0	0	0	0.000000	76.03
76.04	03955	WOUND CARE CENTER	6,407	909,980	916,387	0.668585	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0.000000	76.05
76.06	03957	PRE-BIRTH CENTER	159,452	3,801,226	3,960,678	0.117567	76.06
76.07	03958	SLEEP LAB	312	1,978,425	1,978,737	0.300628	76.07
76.08	03640	UROLOGY	1,526	27,829	29,355	6.426537	76.08
76.09	03959	ADDP OP	0	67,262	67,262	2.468333	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	8,499	1,247,820	1,256,319	0.099511	76.10
76.11	03960	DIABETES TREATMENT	360	172,325	172,685	1.465113	76.11
76.12	03961	MENTAL HEALTH CENTER	0	429,734	429,734	1.820212	76.12
76.13	03650	VEIN CLINIC	0	0	0	0.000000	76.13
76.97	07697	CARDIAC REHABILITATION	2,129	1,257,761	1,259,890	0.387462	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							
90.01	09001	MERCY CLINICS	24,353	2,366,805	2,391,158	6.998745	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0.000000	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	15,312,383	42,260,276	57,572,659	0.249043	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,675,163	8,265,275	10,940,438	0.680298	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	305,636,866	296,796,279	602,433,145		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	305,636,866	296,796,279	602,433,145		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 3:04 pm
			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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER			32.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.566695		50.00
50.01	03340	GI LAB	0.380055		50.01
51.00	05100	RECOVERY ROOM	0.494155		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.600205		52.00
53.00	05300	ANESTHESIOLOGY	0.133141		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185894		54.00
54.01	05401	MRI CENTER	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171465		55.00
56.00	05600	RADIOISOTOPE	0.160354		56.00
57.00	05700	CT SCAN	0.045231		57.00
58.00	05800	MRI	0.361686		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154199		59.00
60.00	06000	LABORATORY	0.144646		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.192089		65.00
66.00	06600	PHYSICAL THERAPY	0.504089		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478259		67.00
68.00	06800	SPEECH PATHOLOGY	0.443309		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.785206		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.344810		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.725969		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.378676		73.00
74.00	07400	RENAL DIALYSIS	0.753969		74.00
76.00	03951	EMG	0.000000		76.00
76.01	03952	CARDIOVASCULAR LAB	0.000000		76.01
76.02	03953	MERCY EYE CENTER	0.720774		76.02
76.03	03954	MERCY ENT	0.000000		76.03
76.04	03955	WOUND CARE CENTER	0.668585		76.04
76.05	03956	CARDIAC REHAB	0.000000		76.05
76.06	03957	PRE-BIRTH CENTER	0.117567		76.06
76.07	03958	SLEEP LAB	0.300628		76.07
76.08	03640	UROLOGY	6.738103		76.08
76.09	03959	ADDP OP	2.468333		76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0.099511		76.10
76.11	03960	DIABETES TREATMENT	1.465113		76.11
76.12	03961	MENTAL HEALTH CENTER	1.820212		76.12
76.13	03650	VEIN CLINIC	0.000000		76.13
76.97	07697	CARDIAC REHABILITATION	0.446682		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	MERCY CLINICS	6.998745		90.01
90.02	09002	MERCY CLINIC STATE ST	0.000000		90.02
90.03	09003	MERCY CLINIC POLK ST	0.000000		90.03
91.00	09100	EMERGENCY	0.249043		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.680298		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
			1.00	2.00	Total Costs	RCE Disallowance	Total Costs	
					3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,262,404		53,262,404	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,407,002		9,407,002	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,569,317		2,569,317	0	0	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	2,818,697		2,818,697	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	7,425,183		7,425,183	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,121,031		4,121,031	0	0	41.00
43.00	04300	NURSERY	1,091,529		1,091,529	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,729,025		14,729,025	0	0	50.00
50.01	03340	GI LAB	2,344,982		2,344,982	0	0	50.01
51.00	05100	RECOVERY ROOM	1,263,556		1,263,556	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,348,330		7,348,330	0	0	52.00
53.00	05300	ANESTHESIOLOGY	725,043		725,043	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,937,486		10,937,486	0	0	54.00
54.01	05401	MRI CENTER	0		0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,299,135		1,299,135	0	0	55.00
56.00	05600	RADIOISOTOPE	1,329,543		1,329,543	0	0	56.00
57.00	05700	CT SCAN	1,947,216		1,947,216	0	0	57.00
58.00	05800	MRI	3,265,580		3,265,580	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,746,694		5,746,694	0	0	59.00
60.00	06000	LABORATORY	14,960,968		14,960,968	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,951,584	0	2,951,584	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,392,811	0	2,392,811	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,271,274	0	1,271,274	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	726,555	0	726,555	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	267,441		267,441	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,318,468		2,318,468	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,119,232		6,119,232	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,062,336		21,062,336	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,358,131		1,358,131	0	0	74.00
76.00	03951	EMG	0		0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0		0	0	0	76.01
76.02	03953	MERCY EYE CENTER	751,187		751,187	0	0	76.02
76.03	03954	MERCY ENT	0		0	0	0	76.03
76.04	03955	WOUND CARE CENTER	612,683		612,683	0	0	76.04
76.05	03956	CARDIAC REHAB	0		0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	465,644		465,644	0	0	76.06
76.07	03958	SLEEP LAB	594,864		594,864	0	0	76.07
76.08	03640	UROLOGY	188,651		188,651	0	0	76.08
76.09	03959	ADDP OP	166,025		166,025	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	125,018		125,018	0	0	76.10
76.11	03960	DIABETES TREATMENT	253,003		253,003	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	782,207		782,207	0	0	76.12
76.13	03650	VEIN CLINIC	0		0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	488,160		488,160	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								
90.01	09001	MERCY CLINICS	16,735,105		16,735,105	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST	0		0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0		0	0	0	90.03
91.00	09100	EMERGENCY	16,148,339		16,148,339	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,852,080		8,852,080	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
200.00		Subtotal (see instructions)	231,223,519	0	231,223,519	0	0	200.00
201.00		Less Observation Beds	8,852,080		8,852,080		0	201.00
202.00		Total (see instructions)	222,371,439	0	222,371,439		0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			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	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
32.01	02060	NURSERY INTENSIVE CARE CENTER	0		0			32.01	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
50.01	03340	GI LAB	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	05401	MRI CENTER	0	0	0	0.000000	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.00	03951	EMG	0	0	0	0.000000	0.000000	76.00	
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0.000000	0.000000	76.01	
76.02	03953	MERCY EYE CENTER	0	0	0	0.000000	0.000000	76.02	
76.03	03954	MERCY ENT	0	0	0	0.000000	0.000000	76.03	
76.04	03955	WOUND CARE CENTER	0	0	0	0.000000	0.000000	76.04	
76.05	03956	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.05	
76.06	03957	PRE-BIRTH CENTER	0	0	0	0.000000	0.000000	76.06	
76.07	03958	SLEEP LAB	0	0	0	0.000000	0.000000	76.07	
76.08	03640	UROLOGY	0	0	0	0.000000	0.000000	76.08	
76.09	03959	ADDP OP	0	0	0	0.000000	0.000000	76.09	
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0.000000	0.000000	76.10	
76.11	03960	DIABETES TREATMENT	0	0	0	0.000000	0.000000	76.11	
76.12	03961	MENTAL HEALTH CENTER	0	0	0	0.000000	0.000000	76.12	
76.13	03650	VEIN CLINIC	0	0	0	0.000000	0.000000	76.13	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	MERCY CLINICS	0	0	0	0.000000	0.000000	90.01	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0.000000	0.000000	90.02	
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0.000000	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

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
32.00	03200	CORONARY CARE UNIT				32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER				32.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03340	GI LAB	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	MRI CENTER	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
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	EMG	0.000000			76.00
76.01	03952	CARDIOVASCULAR LAB	0.000000			76.01
76.02	03953	MERCY EYE CENTER	0.000000			76.02
76.03	03954	MERCY ENT	0.000000			76.03
76.04	03955	WOUND CARE CENTER	0.000000			76.04
76.05	03956	CARDIAC REHAB	0.000000			76.05
76.06	03957	PRE-BIRTH CENTER	0.000000			76.06
76.07	03958	SLEEP LAB	0.000000			76.07
76.08	03640	UROLOGY	0.000000			76.08
76.09	03959	ADDP OP	0.000000			76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0.000000			76.10
76.11	03960	DIABETES TREATMENT	0.000000			76.11
76.12	03961	MENTAL HEALTH CENTER	0.000000			76.12
76.13	03650	VEIN CLINIC	0.000000			76.13
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						
90.01	09001	MERCY CLINICS	0.000000			90.01
90.02	09002	MERCY CLINIC STATE ST	0.000000			90.02
90.03	09003	MERCY CLINIC POLK ST	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
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: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,258,269	0	1,258,269	40,837	30.81	30.00
31.00	INTENSIVE CARE UNIT	436,838		436,838	4,067	107.41	31.00
32.00	CORONARY CARE UNIT	79,401		79,401	1,152	68.92	32.00
32.01	NURSERY INTENSIVE CARE CENTER	46,239		46,239	1,385	33.39	32.01
40.00	SUBPROVIDER - IPF	163,836	0	163,836	7,200	22.76	40.00
41.00	SUBPROVIDER - IRF	87,219	0	87,219	3,527	24.73	41.00
43.00	NURSERY	26,729		26,729	3,164	8.45	43.00
200.00	Total (lines 30 through 199)	2,098,531		2,098,531	61,332		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	12,484	384,632				
31.00	INTENSIVE CARE UNIT	1,440	154,670				
32.00	CORONARY CARE UNIT	537	37,010				
32.01	NURSERY INTENSIVE CARE CENTER	0	0				
40.00	SUBPROVIDER - IPF	1,140	25,946				
41.00	SUBPROVIDER - IRF	1,989	49,188				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,590	651,446				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,507,967	23,786,126	0.063397	1,985,146	125,852	50.00
50.01	03340	GI LAB	193,131	6,232,954	0.030985	689,239	21,356	50.01
51.00	05100	RECOVERY ROOM	29,770	2,557,001	0.011643	325,049	3,785	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,664	12,243,040	0.016145	29,659	479	52.00
53.00	05300	ANESTHESIOLOGY	16,252	5,445,665	0.002984	443,414	1,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	354,749	48,544,352	0.007308	3,736,573	27,307	54.00
54.01	05401	MRI CENTER	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,583	7,576,657	0.002585	113,126	292	55.00
56.00	05600	RADIOISOTOPE	30,886	8,368,615	0.003691	667,820	2,465	56.00
57.00	05700	CT SCAN	70,696	43,050,039	0.001642	5,138,086	8,437	57.00
58.00	05800	MRI	1,255,450	9,028,761	0.139050	852,092	118,483	58.00
59.00	05900	CARDIAC CATHETERIZATION	261,278	37,267,918	0.007011	6,777,913	47,520	59.00
60.00	06000	LABORATORY	484,177	103,431,470	0.004681	15,073,444	70,559	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	82,113	15,365,737	0.005344	4,738,051	25,320	65.00
66.00	06600	PHYSICAL THERAPY	80,121	4,746,804	0.016879	635,151	10,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,771	2,658,129	0.008943	242,363	2,167	67.00
68.00	06800	SPEECH PATHOLOGY	16,483	1,638,935	0.010057	314,305	3,161	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,554	340,600	0.048602	80,082	3,892	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,971	6,723,905	0.015612	2,011,534	31,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,608	8,429,058	0.022969	1,465,466	33,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144,923	55,621,062	0.002606	5,731,925	14,937	73.00
74.00	07400	RENAL DIALYSIS	15,305	1,801,309	0.008497	664,216	5,644	74.00
76.00	03951	EMG	0	0	0.000000	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0.000000	0	0	76.01
76.02	03953	MERCY EYE CENTER	39,863	1,042,195	0.038249	525	20	76.02
76.03	03954	MERCY ENT	0	0	0.000000	0	0	76.03
76.04	03955	WOUND CARE CENTER	20,328	916,387	0.022183	2,777	62	76.04
76.05	03956	CARDIAC REHAB	0	0	0.000000	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	3,663	3,960,678	0.000925	0	0	76.06
76.07	03958	SLEEP LAB	3,674	1,978,737	0.001857	0	0	76.07
76.08	03640	UROLOGY	8,614	29,355	0.293442	0	0	76.08
76.09	03959	ADDP OP	1,102	67,262	0.016384	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	11,071	1,256,319	0.008812	0	0	76.10
76.11	03960	DIABETES TREATMENT	1,637	172,685	0.009480	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	5,400	429,734	0.012566	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0.000000	0	0	76.13
76.97	07697	CARDIAC REHABILITATION	3,883	1,259,890	0.003082	376	1	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							
90.01	09001	MERCY CLINICS	603,340	2,391,158	0.252321	12,400	3,129	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0.000000	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	239,560	57,572,659	0.004161	4,483,031	18,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	209,119	10,940,438	0.019114	836,412	15,987	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	6,250,706	486,875,634		57,050,175	596,617	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 3:04 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	0	0	0	0	0	32.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	40,837	0.00	12,484	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	4,067	0.00	1,440	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	1,152	0.00	537	32.00			
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	0	1,385	0.00	0	32.01			
40.00	04000	SUBPROVIDER - IPF	0	0	7,200	0.00	1,140	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	3,527	0.00	1,989	41.00			
43.00	04300	NURSERY	0	0	3,164	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	61,332		17,590	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER	0								32.01
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03340	GI LAB	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	MRI CENTER	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	EMG	0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER	0	0	0	0	0	76.02
76.03	03954	MERCY ENT	0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	0	0	0	76.06
76.07	03958	SLEEP LAB	0	0	0	0	0	76.07
76.08	03640	UROLOGY	0	0	0	0	0	76.08
76.09	03959	ADDP OP	0	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT	0	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	0	0	0	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0	76.13
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								
90.01	09001	MERCY CLINICS	0	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
Provider CCN: 14-0158
Period: From 07/01/2018 To 06/30/2019
Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm

			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	23,786,126	0.000000	50.00
50.01	03340	GI LAB	0	0	0	6,232,954	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,557,001	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,243,040	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,445,665	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	48,544,352	0.000000	54.00
54.01	05401	MRI CENTER	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	7,576,657	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	8,368,615	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	43,050,039	0.000000	57.00
58.00	05800	MRI	0	0	0	9,028,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,267,918	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	103,431,470	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	0	0	15,365,737	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,746,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,658,129	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,638,935	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	340,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,723,905	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,429,058	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	55,621,062	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,801,309	0.000000	74.00
76.00	03951	EMG	0	0	0	0	0.000000	76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0	0.000000	76.01
76.02	03953	MERCY EYE CENTER	0	0	0	1,042,195	0.000000	76.02
76.03	03954	MERCY ENT	0	0	0	0	0.000000	76.03
76.04	03955	WOUND CARE CENTER	0	0	0	916,387	0.000000	76.04
76.05	03956	CARDIAC REHAB	0	0	0	0	0.000000	76.05
76.06	03957	PRE-BIRTH CENTER	0	0	0	3,960,678	0.000000	76.06
76.07	03958	SLEEP LAB	0	0	0	1,978,737	0.000000	76.07
76.08	03640	UROLOGY	0	0	0	29,355	0.000000	76.08
76.09	03959	ADDP OP	0	0	0	67,262	0.000000	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	1,256,319	0.000000	76.10
76.11	03960	DIABETES TREATMENT	0	0	0	172,685	0.000000	76.11
76.12	03961	MENTAL HEALTH CENTER	0	0	0	429,734	0.000000	76.12
76.13	03650	VEIN CLINIC	0	0	0	0	0.000000	76.13
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,259,890	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							
90.01	09001	MERCY CLINICS	0	0	0	2,391,158	0.000000	90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0	0.000000	90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	57,572,659	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,940,438	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	486,875,634		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0158
Period: From 07/01/2018 To 06/30/2019
Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	1,985,146	0	3,003,346	0	50.00	
50.01	03340 GI LAB	0.000000	689,239	0	1,036,387	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	325,049	0	240,946	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	29,659	0	3,275	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	443,414	0	713,035	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,736,573	0	4,637,318	0	54.00	
54.01	05401 MRI CENTER	0.000000	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	113,126	0	1,854,781	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	667,820	0	1,782,820	0	56.00	
57.00	05700 CT SCAN	0.000000	5,138,086	0	6,715,509	0	57.00	
58.00	05800 MRI	0.000000	852,092	0	1,425,475	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,777,913	0	4,761,731	0	59.00	
60.00	06000 LABORATORY	0.000000	15,073,444	0	4,387,309	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,738,051	0	322,684	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	635,151	0	25,992	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	242,363	0	10,934	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	314,305	0	52,344	0	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	80,082	0	26,120	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,011,534	0	574,294	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,465,466	0	1,342,644	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,731,925	0	10,877,054	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	664,216	0	61,974	0	74.00	
76.00	03951 EMG	0.000000	0	0	0	0	76.00	
76.01	03952 CARDIOVASCULAR LAB	0.000000	0	0	0	0	76.01	
76.02	03953 MERCY EYE CENTER	0.000000	525	0	398,958	0	76.02	
76.03	03954 MERCY ENT	0.000000	0	0	0	0	76.03	
76.04	03955 WOUND CARE CENTER	0.000000	2,777	0	403,944	0	76.04	
76.05	03956 CARDIAC REHAB	0.000000	0	0	0	0	76.05	
76.06	03957 PRE-BIRTH CENTER	0.000000	0	0	6,677	0	76.06	
76.07	03958 SLEEP LAB	0.000000	0	0	419,668	0	76.07	
76.08	03640 UROLOGY	0.000000	0	0	1,520	0	76.08	
76.09	03959 ADDP OP	0.000000	0	0	8,959	0	76.09	
76.10	03550 PSYCH PARTIAL HOSPITAL	0.000000	0	0	138,964	0	76.10	
76.11	03960 DIABETES TREATMENT	0.000000	0	0	10,109	0	76.11	
76.12	03961 MENTAL HEALTH CENTER	0.000000	0	0	266,607	0	76.12	
76.13	03650 VEIN CLINIC	0.000000	0	0	0	0	76.13	
76.97	07697 CARDIAC REHABILITATION	0.000000	376	0	402,474	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								
90.01	09001 MERCY CLINICS	0.000000	12,400	0	73,892	0	90.01	
90.02	09002 MERCY CLINIC STATE ST	0.000000	0	0	0	0	90.02	
90.03	09003 MERCY CLINIC POLK ST	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.000000	4,483,031	0	5,104,391	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	836,412	0	2,078,771	0	92.00	
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00	Total (lines 50 through 199)		57,050,175	0	53,170,906	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 3:04 pm	
				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		0.566695	3,003,346	0	0	1,701,981	50.00
50.01	03340	GI LAB		0.376223	1,036,387	0	0	389,913	50.01
51.00	05100	RECOVERY ROOM		0.494155	240,946	0	0	119,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.600205	3,275	0	0	1,966	52.00
53.00	05300	ANESTHESIOLOGY		0.133141	713,035	0	0	94,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.185894	4,637,318	0	0	862,050	54.00
54.01	05401	MRI CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.171465	1,854,781	0	0	318,030	55.00
56.00	05600	RADIOISOTOPE		0.158873	1,782,820	0	0	283,242	56.00
57.00	05700	CT SCAN		0.045231	6,715,509	0	0	303,749	57.00
58.00	05800	MRI		0.361686	1,425,475	0	0	515,574	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.154199	4,761,731	0	0	734,254	59.00
60.00	06000	LABORATORY		0.144646	4,387,309	0	0	634,607	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.192089	322,684	0	0	61,984	65.00
66.00	06600	PHYSICAL THERAPY		0.504089	25,992	0	0	13,102	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.478259	10,934	0	0	5,229	67.00
68.00	06800	SPEECH PATHOLOGY		0.443309	52,344	0	0	23,205	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.785206	26,120	0	0	20,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.344810	574,294	0	0	198,022	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.725969	1,342,644	0	0	974,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.378676	10,877,054	0	25,486	4,118,879	73.00
74.00	07400	RENAL DIALYSIS		0.753969	61,974	0	0	46,726	74.00
76.00	03951	EMG		0.000000	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0.000000	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0.720774	398,958	0	0	287,559	76.02
76.03	03954	MERCY ENT		0.000000	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0.668585	403,944	0	0	270,071	76.04
76.05	03956	CARDIAC REHAB		0.000000	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0.117567	6,677	0	0	785	76.06
76.07	03958	SLEEP LAB		0.300628	419,668	0	0	126,164	76.07
76.08	03640	UROLOGY		6.426537	1,520	0	0	9,768	76.08
76.09	03959	ADDP OP		2.468333	8,959	0	0	22,114	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0.099511	138,964	0	0	13,828	76.10
76.11	03960	DIABETES TREATMENT		1.465113	10,109	0	0	14,811	76.11
76.12	03961	MENTAL HEALTH CENTER		1.820212	266,607	0	0	485,281	76.12
76.13	03650	VEIN CLINIC		0.000000	0	0	0	0	76.13
76.97	07697	CARDIAC REHABILITATION		0.387462	402,474	0	0	155,943	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									
90.01	09001	MERCY CLINICS		6.998745	73,892	0	0	517,151	90.01
90.02	09002	MERCY CLINIC STATE ST		0.000000	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.249043	5,104,391	0	0	1,271,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.680298	2,078,771	0	0	1,414,184	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)			53,170,906	0	25,486	16,010,612	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			53,170,906	0	25,486	16,010,612	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 3:04 pm	
				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					
50.01	03340	GI LAB	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	05401	MRI CENTER	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
57.00	05700	CT SCAN	0	0					
58.00	05800	MRI	0	0					
59.00	05900	CARDIAC CATHETERIZATION	0	0					
60.00	06000	LABORATORY	0	0					
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,651					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03951	EMG	0	0					
76.01	03952	CARDIOVASCULAR LAB	0	0					
76.02	03953	MERCY EYE CENTER	0	0					
76.03	03954	MERCY ENT	0	0					
76.04	03955	WOUND CARE CENTER	0	0					
76.05	03956	CARDIAC REHAB	0	0					
76.06	03957	PRE-BIRTH CENTER	0	0					
76.07	03958	SLEEP LAB	0	0					
76.08	03640	UROLOGY	0	0					
76.09	03959	ADDP OP	0	0					
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0					
76.11	03960	DIABETES TREATMENT	0	0					
76.12	03961	MENTAL HEALTH CENTER	0	0					
76.13	03650	VEIN CLINIC	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	MERCY CLINICS	0	0					
90.02	09002	MERCY CLINIC STATE ST	0	0					
90.03	09003	MERCY CLINIC POLK ST	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					
200.00		Subtotal (see instructions)	0	9,651					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	9,651					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0158

Period:

Worksheet D

Component CCN: 14-S158

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
12/2/2019 3:04 pm

			Title XVIII		Subprovider - IPF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,507,967	23,786,126	0.063397	0	0
50.01	03340	GI LAB	193,131	6,232,954	0.030985	0	0
51.00	05100	RECOVERY ROOM	29,770	2,557,001	0.011643	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,664	12,243,040	0.016145	0	0
53.00	05300	ANESTHESIOLOGY	16,252	5,445,665	0.002984	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	354,749	48,544,352	0.007308	13,797	101
54.01	05401	MRI CENTER	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	19,583	7,576,657	0.002585	0	0
56.00	05600	RADIOISOTOPE	30,886	8,368,615	0.003691	4,232	16
57.00	05700	CT SCAN	70,696	43,050,039	0.001642	17,292	28
58.00	05800	MRI	1,255,450	9,028,761	0.139050	0	0
59.00	05900	CARDIAC CATHETERIZATION	261,278	37,267,918	0.007011	34,934	245
60.00	06000	LABORATORY	484,177	103,431,470	0.004681	140,307	657
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	82,113	15,365,737	0.005344	970	5
66.00	06600	PHYSICAL THERAPY	80,121	4,746,804	0.016879	648	11
67.00	06700	OCCUPATIONAL THERAPY	23,771	2,658,129	0.008943	0	0
68.00	06800	SPEECH PATHOLOGY	16,483	1,638,935	0.010057	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	16,554	340,600	0.048602	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,971	6,723,905	0.015612	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,608	8,429,058	0.022969	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	144,923	55,621,062	0.002606	63,615	166
74.00	07400	RENAL DIALYSIS	15,305	1,801,309	0.008497	3,900	33
76.00	03951	EMG	0	0	0.000000	0	0
76.01	03952	CARDIOVASCULAR LAB	0	0	0.000000	0	0
76.02	03953	MERCY EYE CENTER	39,863	1,042,195	0.038249	0	0
76.03	03954	MERCY ENT	0	0	0.000000	0	0
76.04	03955	WOUND CARE CENTER	20,328	916,387	0.022183	0	0
76.05	03956	CARDIAC REHAB	0	0	0.000000	0	0
76.06	03957	PRE-BIRTH CENTER	3,663	3,960,678	0.000925	0	0
76.07	03958	SLEEP LAB	3,674	1,978,737	0.001857	0	0
76.08	03640	UROLOGY	8,614	29,355	0.293442	0	0
76.09	03959	ADDP OP	1,102	67,262	0.016384	0	0
76.10	03550	PSYCH PARTIAL HOSPITAL	11,071	1,256,319	0.008812	0	0
76.11	03960	DIABETES TREATMENT	1,637	172,685	0.009480	0	0
76.12	03961	MENTAL HEALTH CENTER	5,400	429,734	0.012566	0	0
76.13	03650	VEIN CLINIC	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	3,883	1,259,890	0.003082	0	0
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						
90.01	09001	MERCY CLINICS	603,340	2,391,158	0.252321	0	0
90.02	09002	MERCY CLINIC STATE ST	0	0	0.000000	0	0
90.03	09003	MERCY CLINIC POLK ST	0	0	0.000000	0	0
91.00	09100	EMERGENCY	239,560	57,572,659	0.004161	193,175	804
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,940,438	0.000000	0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	6,041,587	486,875,634		472,870	2,066

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-S158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03340	GI LAB		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	MRI CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	EMG		0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0	0	0	0	0	76.02
76.03	03954	MERCY ENT		0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB		0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0	0	0	0	0	76.06
76.07	03958	SLEEP LAB		0	0	0	0	0	76.07
76.08	03640	UROLOGY		0	0	0	0	0	76.08
76.09	03959	ADDP OP		0	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT		0	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER		0	0	0	0	0	76.12
76.13	03650	VEIN CLINIC		0	0	0	0	0	76.13
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									
90.01	09001	MERCY CLINICS		0	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST		0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-S158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	23,786,126	0.000000	50.00
50.01	03340	GI LAB		0	0	0	6,232,954	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	2,557,001	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	12,243,040	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,445,665	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	48,544,352	0.000000	54.00
54.01	05401	MRI CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	7,576,657	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	8,368,615	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	43,050,039	0.000000	57.00
58.00	05800	MRI		0	0	0	9,028,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	37,267,918	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	103,431,470	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	0	0	15,365,737	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	4,746,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,658,129	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,638,935	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	340,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,723,905	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,429,058	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	55,621,062	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,801,309	0.000000	74.00
76.00	03951	EMG		0	0	0	0	0.000000	76.00
76.01	03952	CARDIOVASCULAR LAB		0	0	0	0	0.000000	76.01
76.02	03953	MERCY EYE CENTER		0	0	0	1,042,195	0.000000	76.02
76.03	03954	MERCY ENT		0	0	0	0	0.000000	76.03
76.04	03955	WOUND CARE CENTER		0	0	0	916,387	0.000000	76.04
76.05	03956	CARDIAC REHAB		0	0	0	0	0.000000	76.05
76.06	03957	PRE-BIRTH CENTER		0	0	0	3,960,678	0.000000	76.06
76.07	03958	SLEEP LAB		0	0	0	1,978,737	0.000000	76.07
76.08	03640	UROLOGY		0	0	0	29,355	0.000000	76.08
76.09	03959	ADDP OP		0	0	0	67,262	0.000000	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0	0	0	1,256,319	0.000000	76.10
76.11	03960	DIABETES TREATMENT		0	0	0	172,685	0.000000	76.11
76.12	03961	MENTAL HEALTH CENTER		0	0	0	429,734	0.000000	76.12
76.13	03650	VEIN CLINIC		0	0	0	0	0.000000	76.13
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,259,890	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									
90.01	09001	MERCY CLINICS		0	0	0	2,391,158	0.000000	90.01
90.02	09002	MERCY CLINIC STATE ST		0	0	0	0	0.000000	90.02
90.03	09003	MERCY CLINIC POLK ST		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	57,572,659	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,940,438	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	486,875,634		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-S158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	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	03340	GI LAB		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	13,797	0	0	0	54.00
54.01	05401	MRI CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	4,232	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	17,292	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	34,934	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	140,307	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		0.000000	970	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	648	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
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	63,615	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	3,900	0	0	0	74.00
76.00	03951	EMG		0.000000	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0.000000	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0.000000	0	0	0	0	76.02
76.03	03954	MERCY ENT		0.000000	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0.000000	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB		0.000000	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0.000000	0	0	0	0	76.06
76.07	03958	SLEEP LAB		0.000000	0	0	0	0	76.07
76.08	03640	UROLOGY		0.000000	0	0	0	0	76.08
76.09	03959	ADDP OP		0.000000	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0.000000	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT		0.000000	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER		0.000000	0	0	0	0	76.12
76.13	03650	VEIN CLINIC		0.000000	0	0	0	0	76.13
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									
90.01	09001	MERCY CLINICS		0.000000	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST		0.000000	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	193,175	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			472,870	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0158

Period:

Worksheet D

Component CCN: 14-T158

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:
12/2/2019 3:04 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,507,967	23,786,126	0.063397	7,672	486	50.00
50.01	03340 GI LAB	193,131	6,232,954	0.030985	0	0	50.01
51.00	05100 RECOVERY ROOM	29,770	2,557,001	0.011643	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197,664	12,243,040	0.016145	0	0	52.00
53.00	05300 ANESTHESIOLOGY	16,252	5,445,665	0.002984	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	354,749	48,544,352	0.007308	29,764	218	54.00
54.01	05401 MRI CENTER	0	0	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	19,583	7,576,657	0.002585	0	0	55.00
56.00	05600 RADIOISOTOPE	30,886	8,368,615	0.003691	0	0	56.00
57.00	05700 CT SCAN	70,696	43,050,039	0.001642	28,164	46	57.00
58.00	05800 MRI	1,255,450	9,028,761	0.139050	6,046	841	58.00
59.00	05900 CARDIAC CATHETERIZATION	261,278	37,267,918	0.007011	13,315	93	59.00
60.00	06000 LABORATORY	484,177	103,431,470	0.004681	5	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	82,113	15,365,737	0.005344	96,110	514	65.00
66.00	06600 PHYSICAL THERAPY	80,121	4,746,804	0.016879	734,576	12,399	66.00
67.00	06700 OCCUPATIONAL THERAPY	23,771	2,658,129	0.008943	735,994	6,582	67.00
68.00	06800 SPEECH PATHOLOGY	16,483	1,638,935	0.010057	306,129	3,079	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,554	340,600	0.048602	1,156	56	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	104,971	6,723,905	0.015612	61,398	959	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	193,608	8,429,058	0.022969	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	144,923	55,621,062	0.002606	264,140	688	73.00
74.00	07400 RENAL DIALYSIS	15,305	1,801,309	0.008497	59,475	505	74.00
76.00	03951 EMG	0	0	0.000000	0	0	76.00
76.01	03952 CARDIOVASCULAR LAB	0	0	0.000000	0	0	76.01
76.02	03953 MERCY EYE CENTER	39,863	1,042,195	0.038249	0	0	76.02
76.03	03954 MERCY ENT	0	0	0.000000	0	0	76.03
76.04	03955 WOUND CARE CENTER	20,328	916,387	0.022183	0	0	76.04
76.05	03956 CARDIAC REHAB	0	0	0.000000	0	0	76.05
76.06	03957 PRE-BIRTH CENTER	3,663	3,960,678	0.000925	0	0	76.06
76.07	03958 SLEEP LAB	3,674	1,978,737	0.001857	0	0	76.07
76.08	03640 UROLOGY	8,614	29,355	0.293442	0	0	76.08
76.09	03959 ADDP OP	1,102	67,262	0.016384	0	0	76.09
76.10	03550 PSYCH PARTIAL HOSPITAL	11,071	1,256,319	0.008812	0	0	76.10
76.11	03960 DIABETES TREATMENT	1,637	172,685	0.009480	0	0	76.11
76.12	03961 MENTAL HEALTH CENTER	5,400	429,734	0.012566	0	0	76.12
76.13	03650 VEIN CLINIC	0	0	0.000000	0	0	76.13
76.97	07697 CARDIAC REHABILITATION	3,883	1,259,890	0.003082	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							
90.01	09001 MERCY CLINICS	603,340	2,391,158	0.252321	0	0	90.01
90.02	09002 MERCY CLINIC STATE ST	0	0	0.000000	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	239,560	57,572,659	0.004161	2,952	12	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,940,438	0.000000	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00	Total (lines 50 through 199)	6,041,587	486,875,634		2,346,896	26,478	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	03340	GI LAB		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	MRI CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	EMG		0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0	0	0	0	0	76.02
76.03	03954	MERCY ENT		0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB		0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0	0	0	0	0	76.06
76.07	03958	SLEEP LAB		0	0	0	0	0	76.07
76.08	03640	UROLOGY		0	0	0	0	0	76.08
76.09	03959	ADDP OP		0	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT		0	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER		0	0	0	0	0	76.12
76.13	03650	VEIN CLINIC		0	0	0	0	0	76.13
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									
90.01	09001	MERCY CLINICS		0	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST		0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	23,786,126	0.000000	50.00
50.01	03340	GI LAB		0	0	0	6,232,954	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	2,557,001	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	12,243,040	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,445,665	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	48,544,352	0.000000	54.00
54.01	05401	MRI CENTER		0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	7,576,657	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	8,368,615	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	43,050,039	0.000000	57.00
58.00	05800	MRI		0	0	0	9,028,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	37,267,918	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	103,431,470	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	0	0	15,365,737	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	4,746,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,658,129	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,638,935	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	340,600	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,723,905	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	8,429,058	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	55,621,062	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,801,309	0.000000	74.00
76.00	03951	EMG		0	0	0	0	0.000000	76.00
76.01	03952	CARDIOVASCULAR LAB		0	0	0	0	0.000000	76.01
76.02	03953	MERCY EYE CENTER		0	0	0	1,042,195	0.000000	76.02
76.03	03954	MERCY ENT		0	0	0	0	0.000000	76.03
76.04	03955	WOUND CARE CENTER		0	0	0	916,387	0.000000	76.04
76.05	03956	CARDIAC REHAB		0	0	0	0	0.000000	76.05
76.06	03957	PRE-BIRTH CENTER		0	0	0	3,960,678	0.000000	76.06
76.07	03958	SLEEP LAB		0	0	0	1,978,737	0.000000	76.07
76.08	03640	UROLOGY		0	0	0	29,355	0.000000	76.08
76.09	03959	ADDP OP		0	0	0	67,262	0.000000	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0	0	0	1,256,319	0.000000	76.10
76.11	03960	DIABETES TREATMENT		0	0	0	172,685	0.000000	76.11
76.12	03961	MENTAL HEALTH CENTER		0	0	0	429,734	0.000000	76.12
76.13	03650	VEIN CLINIC		0	0	0	0	0.000000	76.13
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,259,890	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									
90.01	09001	MERCY CLINICS		0	0	0	2,391,158	0.000000	90.01
90.02	09002	MERCY CLINIC STATE ST		0	0	0	0	0.000000	90.02
90.03	09003	MERCY CLINIC POLK ST		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	57,572,659	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	10,940,438	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	486,875,634		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	7,672	0	0	0	50.00
50.01	03340	GI LAB		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	29,764	0	0	0	54.00
54.01	05401	MRI CENTER		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	28,164	0	0	0	57.00
58.00	05800	MRI		0.000000	6,046	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	13,315	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	5	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		0.000000	96,110	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	734,576	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	735,994	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	306,129	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,156	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	61,398	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	264,140	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	59,475	0	0	0	74.00
76.00	03951	EMG		0.000000	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0.000000	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0.000000	0	0	0	0	76.02
76.03	03954	MERCY ENT		0.000000	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0.000000	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB		0.000000	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0.000000	0	0	0	0	76.06
76.07	03958	SLEEP LAB		0.000000	0	0	0	0	76.07
76.08	03640	UROLOGY		0.000000	0	0	0	0	76.08
76.09	03959	ADDP OP		0.000000	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0.000000	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT		0.000000	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER		0.000000	0	0	0	0	76.12
76.13	03650	VEIN CLINIC		0.000000	0	0	0	0	76.13
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									
90.01	09001	MERCY CLINICS		0.000000	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST		0.000000	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	2,952	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			2,346,896	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

			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	1,258,269	0	1,258,269	40,837	30.81	30.00
31.00	INTENSIVE CARE UNIT	436,838		436,838	4,067	107.41	31.00
32.00	CORONARY CARE UNIT	79,401		79,401	1,152	68.92	32.00
32.01	NURSERY INTENSIVE CARE CENTER	46,239		46,239	1,385	33.39	32.01
40.00	SUBPROVIDER - IPF	163,836	0	163,836	7,200	22.76	40.00
41.00	SUBPROVIDER - IRF	87,219	0	87,219	3,527	24.73	41.00
43.00	NURSERY	26,729		26,729	3,164	8.45	43.00
200.00	Total (lines 30 through 199)	2,098,531		2,098,531	61,332		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	4,025	124,010				30.00
31.00	INTENSIVE CARE UNIT	438	47,046				31.00
32.00	CORONARY CARE UNIT	103	7,099				32.00
32.01	NURSERY INTENSIVE CARE CENTER	851	28,415				32.01
40.00	SUBPROVIDER - IPF	1,040	23,670				40.00
41.00	SUBPROVIDER - IRF	139	3,437				41.00
43.00	NURSERY	1,160	9,802				43.00
200.00	Total (lines 30 through 199)	7,756	243,479				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

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	1,507,967	0	0.000000	0	0 50.00
50.01	03340	GI LAB	193,131	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	29,770	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,664	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	16,252	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	354,749	0	0.000000	0	0 54.00
54.01	05401	MRI CENTER	0	0	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,583	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	30,886	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	70,696	0	0.000000	0	0 57.00
58.00	05800	MRI	1,255,450	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	261,278	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	484,177	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	82,113	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	80,121	0	0.000000	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	23,771	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	16,483	0	0.000000	0	0 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,554	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	104,971	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,608	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144,923	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	15,305	0	0.000000	0	0 74.00
76.00	03951	EMG	0	0	0.000000	0	0 76.00
76.01	03952	CARDIOVASCULAR LAB	0	0	0.000000	0	0 76.01
76.02	03953	MERCY EYE CENTER	39,863	0	0.000000	0	0 76.02
76.03	03954	MERCY ENT	0	0	0.000000	0	0 76.03
76.04	03955	WOUND CARE CENTER	20,328	0	0.000000	0	0 76.04
76.05	03956	CARDIAC REHAB	0	0	0.000000	0	0 76.05
76.06	03957	PRE-BIRTH CENTER	3,663	0	0.000000	0	0 76.06
76.07	03958	SLEEP LAB	3,674	0	0.000000	0	0 76.07
76.08	03640	UROLOGY	8,614	0	0.000000	0	0 76.08
76.09	03959	ADDP OP	1,102	0	0.000000	0	0 76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	11,071	0	0.000000	0	0 76.10
76.11	03960	DIABETES TREATMENT	1,637	0	0.000000	0	0 76.11
76.12	03961	MENTAL HEALTH CENTER	5,400	0	0.000000	0	0 76.12
76.13	03650	VEIN CLINIC	0	0	0.000000	0	0 76.13
76.97	07697	CARDIAC REHABILITATION	3,883	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	MERCY CLINICS	603,340	0	0.000000	0	0 90.01
90.02	09002	MERCY CLINIC STATE ST	0	0	0.000000	0	0 90.02
90.03	09003	MERCY CLINIC POLK ST	0	0	0.000000	0	0 90.03
91.00	09100	EMERGENCY	239,560	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	209,122	0	0.000000	0	0 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0 93.99
200.00		Total (lines 50 through 199)	6,250,709	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 3:04 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	0	0	0	0	0	32.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	40,837	0.00	4,025	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,067	0.00	438	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	1,152	0.00	103	32.00		
32.01	02060	NURSERY INTENSIVE CARE CENTER	0	0	1,385	0.00	851	32.01		
40.00	04000	SUBPROVIDER - IPF	0	0	7,200	0.00	1,040	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,527	0.00	139	41.00		
43.00	04300	NURSERY	0	0	3,164	0.00	1,160	43.00		
200.00		Total (lines 30 through 199)	0	0	61,332	0.00	7,756	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
32.00	03200	CORONARY CARE UNIT	0						32.00	
32.01	02060	NURSERY INTENSIVE CARE CENTER	0						32.01	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0158		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm	
				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	03340	GI LAB		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	MRI CENTER		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03951	EMG		0	0	0	0	0	76.00
76.01	03952	CARDIOVASCULAR LAB		0	0	0	0	0	76.01
76.02	03953	MERCY EYE CENTER		0	0	0	0	0	76.02
76.03	03954	MERCY ENT		0	0	0	0	0	76.03
76.04	03955	WOUND CARE CENTER		0	0	0	0	0	76.04
76.05	03956	CARDIAC REHAB		0	0	0	0	0	76.05
76.06	03957	PRE-BIRTH CENTER		0	0	0	0	0	76.06
76.07	03958	SLEEP LAB		0	0	0	0	0	76.07
76.08	03640	UROLOGY		0	0	0	0	0	76.08
76.09	03959	ADDP OP		0	0	0	0	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		0	0	0	0	0	76.10
76.11	03960	DIABETES TREATMENT		0	0	0	0	0	76.11
76.12	03961	MENTAL HEALTH CENTER		0	0	0	0	0	76.12
76.13	03650	VEIN CLINIC		0	0	0	0	0	76.13
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									
90.01	09001	MERCY CLINICS		0	0	0	0	0	90.01
90.02	09002	MERCY CLINIC STATE ST		0	0	0	0	0	90.02
90.03	09003	MERCY CLINIC POLK ST		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
Provider CCN: 14-0158
Period: From 07/01/2018 To 06/30/2019
Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm

Cost Center Description		Title XIX			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00	
50.01	03340	GI LAB	0	0	0	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00	
54.01	05401	MRI CENTER	0	0	0	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00	
76.00	03951	EMG	0	0	0	0.000000	76.00	
76.01	03952	CARDIOVASCULAR LAB	0	0	0	0.000000	76.01	
76.02	03953	MERCY EYE CENTER	0	0	0	0.000000	76.02	
76.03	03954	MERCY ENT	0	0	0	0.000000	76.03	
76.04	03955	WOUND CARE CENTER	0	0	0	0.000000	76.04	
76.05	03956	CARDIAC REHAB	0	0	0	0.000000	76.05	
76.06	03957	PRE-BIRTH CENTER	0	0	0	0.000000	76.06	
76.07	03958	SLEEP LAB	0	0	0	0.000000	76.07	
76.08	03640	UROLOGY	0	0	0	0.000000	76.08	
76.09	03959	ADDP OP	0	0	0	0.000000	76.09	
76.10	03550	PSYCH PARTIAL HOSPITAL	0	0	0	0.000000	76.10	
76.11	03960	DIABETES TREATMENT	0	0	0	0.000000	76.11	
76.12	03961	MENTAL HEALTH CENTER	0	0	0	0.000000	76.12	
76.13	03650	VEIN CLINIC	0	0	0	0.000000	76.13	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	MERCY CLINICS	0	0	0	0.000000	90.01	
90.02	09002	MERCY CLINIC STATE ST	0	0	0	0.000000	90.02	
90.03	09003	MERCY CLINIC POLK ST	0	0	0	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99	
200.00		Total (lines 50 through 199)	0	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 14-0158 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:04 pm

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	0	50.00
50.01	03340 GI LAB	0.000000	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	05401 MRI CENTER	0.000000	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03951 EMG	0.000000	0	0	0	0	0	76.00
76.01	03952 CARDIOVASCULAR LAB	0.000000	0	0	0	0	0	76.01
76.02	03953 MERCY EYE CENTER	0.000000	0	0	0	0	0	76.02
76.03	03954 MERCY ENT	0.000000	0	0	0	0	0	76.03
76.04	03955 WOUND CARE CENTER	0.000000	0	0	0	0	0	76.04
76.05	03956 CARDIAC REHAB	0.000000	0	0	0	0	0	76.05
76.06	03957 PRE-BIRTH CENTER	0.000000	0	0	0	0	0	76.06
76.07	03958 SLEEP LAB	0.000000	0	0	0	0	0	76.07
76.08	03640 UROLOGY	0.000000	0	0	0	0	0	76.08
76.09	03959 ADDP OP	0.000000	0	0	0	0	0	76.09
76.10	03550 PSYCH PARTIAL HOSPITAL	0.000000	0	0	0	0	0	76.10
76.11	03960 DIABETES TREATMENT	0.000000	0	0	0	0	0	76.11
76.12	03961 MENTAL HEALTH CENTER	0.000000	0	0	0	0	0	76.12
76.13	03650 VEIN CLINIC	0.000000	0	0	0	0	0	76.13
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001 MERCY CLINICS	0.000000	0	0	0	0	0	90.01
90.02	09002 MERCY CLINIC STATE ST	0.000000	0	0	0	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0.000000	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,837	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,837	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)		34,050	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)		12,484	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)		44,782,638	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)		44,782,638	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)		44,782,638	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)		1,096.62	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,690,204	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)		13,690,204	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0158

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,838,456	4,067	2,173.21	1,440	3,129,422	43.00
44.00	CORONARY CARE UNIT	2,355,331	1,152	2,044.56	537	1,097,929	44.00
44.01	NURSERY INTENSIVE CARE CENTER	2,400,098	1,385	1,732.92	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,963,437	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,880,992	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)					576,312	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					596,617	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,172,929	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,708,063	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)					6,787	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,096.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,442,760	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0158

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:04 pm

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	1,258,269	44,782,638	0.028097	7,442,760	209,119
91.00	Nursing School cost	0	44,782,638	0.000000	7,442,760	0
92.00	Allied health cost	0	44,782,638	0.000000	7,442,760	0
93.00	All other Medical Education	0	44,782,638	0.000000	7,442,760	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-S158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,200	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)		7,200	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)		1,140	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)		7,425,183	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)		7,425,183	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)		7,425,183	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)		1,031.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,175,659	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)		1,175,659	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-S158		Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NURSERY INTENSIVE CARE CENTER	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					105,359	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,281,018	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)					25,946	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,066	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					28,012	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,253,006	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-S158		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	163,836	7,425,183	0.022065	0	0	90.00
91.00	Nursing School cost	0	7,425,183	0.000000	0	0	91.00
92.00	Allied health cost	0	7,425,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,425,183	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,527	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,527	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)		3,527	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)		1,989	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,121,031	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,121,031	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)		4,121,031	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)		1,168.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,323,987	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,323,987	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-T158		Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NURSERY INTENSIVE CARE CENTER	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,059,535	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,383,522	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)					49,188	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,478	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					75,666	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,307,856	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	87,219	4,121,031	0.021164	0	0 90.00
91.00	Nursing School cost	0	4,121,031	0.000000	0	0 91.00
92.00	Allied health cost	0	4,121,031	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,121,031	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,837	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,837	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)		34,050	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)		4,025	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)		3,164	15.00	
16.00	Nursery days (title V or XIX only)		1,160	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)		53,262,404	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)		53,262,404	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)		53,262,404	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)		1,304.27	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,249,687	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,249,687	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0158

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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)	1,091,529	3,164	344.98	1,160	400,177	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,407,002	4,067	2,313.01	438	1,013,098	43.00
44.00	CORONARY CARE UNIT	2,569,317	1,152	2,230.31	103	229,722	44.00
44.01	NURSERY INTENSIVE CARE CENTER	2,818,697	1,385	2,035.16	851	1,731,921	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,624,605	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)					6,787	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,304.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,852,080	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0158

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:04 pm

		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	1,258,269	53,262,404	0.023624	8,852,080	209,122	90.00
91.00	Nursing School cost	0	53,262,404	0.000000	8,852,080	0	91.00
92.00	Allied health cost	0	53,262,404	0.000000	8,852,080	0	92.00
93.00	All other Medical Education	0	53,262,404	0.000000	8,852,080	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-S158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,200	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)		7,200	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)		1,040	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)		3,164	15.00
16.00	Nursery days (title V or XIX only)		1,160	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)		7,425,183	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)		7,425,183	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)		7,425,183	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)		1,031.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,072,531	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)		1,072,531	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-S158		Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NURSERY INTENSIVE CARE CENTER	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,072,531	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0158

Period:

Worksheet D-1

Component CCN: 14-S158

From 07/01/2018
To 06/30/2019Date/Time Prepared:
12/2/2019 3:04 pm

Title XIX

Subprovider -
IPF

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	163,836	7,425,183	0.022065	0	0	90.00
91.00	Nursing School cost	0	7,425,183	0.000000	0	0	91.00
92.00	Allied health cost	0	7,425,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,425,183	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,527 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,527 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)			3,527 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)			139 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)			3,164 15.00
16.00	Nursery days (title V or XIX only)			1,160 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,121,031 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,121,031 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)			4,121,031 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)			1,168.42 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			162,410 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)			162,410 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-T158		Date/Time Prepared: 12/2/2019 3:04 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NURSERY INTENSIVE CARE CENTER	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					162,410	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	87,219	4,121,031	0.021164	0	0	90.00
91.00	Nursing School cost	0	4,121,031	0.000000	0	0	91.00
92.00	Allied health cost	0	4,121,031	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,121,031	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:04 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,132,951	30.00
31.00	03100	INTENSIVE CARE UNIT		4,592,304	31.00
32.00	03200	CORONARY CARE UNIT		1,275,082	32.00
32.01	02060	NURSERY INTENSIVE CARE CENTER		0	32.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.566695	1,985,146	50.00
50.01	03340	GI LAB	0.380055	689,239	50.01
51.00	05100	RECOVERY ROOM	0.494155	325,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.600205	29,659	52.00
53.00	05300	ANESTHESIOLOGY	0.133141	443,414	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185894	3,736,573	54.00
54.01	05401	MRI CENTER	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171465	113,126	55.00
56.00	05600	RADIOISOTOPE	0.160354	667,820	56.00
57.00	05700	CT SCAN	0.045231	5,138,086	57.00
58.00	05800	MRI	0.361686	852,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154199	6,777,913	59.00
60.00	06000	LABORATORY	0.144646	15,073,444	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.192089	4,738,051	65.00
66.00	06600	PHYSICAL THERAPY	0.504089	635,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.478259	242,363	67.00
68.00	06800	SPEECH PATHOLOGY	0.443309	314,305	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.785206	80,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.344810	2,011,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.725969	1,465,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.378676	5,731,925	73.00
74.00	07400	RENAL DIALYSIS	0.753969	664,216	74.00
76.00	03951	EMG	0.000000	0	76.00
76.01	03952	CARDIOVASCULAR LAB	0.000000	0	76.01
76.02	03953	MERCY EYE CENTER	0.720774	525	76.02
76.03	03954	MERCY ENT	0.000000	0	76.03
76.04	03955	WOUND CARE CENTER	0.668585	2,777	76.04
76.05	03956	CARDIAC REHAB	0.000000	0	76.05
76.06	03957	PRE-BIRTH CENTER	0.117567	0	76.06
76.07	03958	SLEEP LAB	0.300628	0	76.07
76.08	03640	UROLOGY	6.738103	0	76.08
76.09	03959	ADDP OP	2.468333	0	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL	0.099511	0	76.10
76.11	03960	DIABETES TREATMENT	1.465113	0	76.11
76.12	03961	MENTAL HEALTH CENTER	1.820212	0	76.12
76.13	03650	VEIN CLINIC	0.000000	0	76.13
76.97	07697	CARDIAC REHABILITATION	0.446682	376	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					
90.01	09001	MERCY CLINICS	6.998745	12,400	90.01
90.02	09002	MERCY CLINIC STATE ST	0.000000	0	90.02
90.03	09003	MERCY CLINIC POLK ST	0.000000	0	90.03
91.00	09100	EMERGENCY	0.249043	4,483,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.680298	836,412	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		57,050,175	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)		57,050,175	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 14-S158		Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	02060 NURSERY INTENSIVE CARE CENTER		0		32.01
40.00	04000 SUBPROVIDER - IPF		1,850,890		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.566695	0	0	50.00
50.01	03340 GI LAB	0.380055	0	0	50.01
51.00	05100 RECOVERY ROOM	0.494155	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600205	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.133141	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185894	13,797	2,565	54.00
54.01	05401 MRI CENTER	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171465	0	0	55.00
56.00	05600 RADIOISOTOPE	0.160354	4,232	679	56.00
57.00	05700 CT SCAN	0.045231	17,292	782	57.00
58.00	05800 MRI	0.361686	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154199	34,934	5,387	59.00
60.00	06000 LABORATORY	0.144646	140,307	20,295	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.192089	970	186	65.00
66.00	06600 PHYSICAL THERAPY	0.504089	648	327	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.478259	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.443309	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.785206	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344810	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.725969	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.378676	63,615	24,089	73.00
74.00	07400 RENAL DIALYSIS	0.753969	3,900	2,940	74.00
76.00	03951 EMG	0.000000	0	0	76.00
76.01	03952 CARDIOVASCULAR LAB	0.000000	0	0	76.01
76.02	03953 MERCY EYE CENTER	0.720774	0	0	76.02
76.03	03954 MERCY ENT	0.000000	0	0	76.03
76.04	03955 WOUND CARE CENTER	0.668585	0	0	76.04
76.05	03956 CARDIAC REHAB	0.000000	0	0	76.05
76.06	03957 PRE-BIRTH CENTER	0.117567	0	0	76.06
76.07	03958 SLEEP LAB	0.300628	0	0	76.07
76.08	03640 UROLOGY	6.738103	0	0	76.08
76.09	03959 ADDP OP	2.468333	0	0	76.09
76.10	03550 PSYCH PARTIAL HOSPITAL	0.099511	0	0	76.10
76.11	03960 DIABETES TREATMENT	1.465113	0	0	76.11
76.12	03961 MENTAL HEALTH CENTER	1.820212	0	0	76.12
76.13	03650 VEIN CLINIC	0.000000	0	0	76.13
76.97	07697 CARDIAC REHABILITATION	0.446682	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 MERCY CLINICS	6.998745	0	0	90.01
90.02	09002 MERCY CLINIC STATE ST	0.000000	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.249043	193,175	48,109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.680298	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		472,870	105,359	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)		472,870		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	02060 NURSERY INTENSIVE CARE CENTER		0		32.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,234,224		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.566695	7,672	4,348	50.00
50.01	03340 GI LAB	0.380055	0	0	50.01
51.00	05100 RECOVERY ROOM	0.494155	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.600205	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.133141	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185894	29,764	5,533	54.00
54.01	05401 MRI CENTER	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171465	0	0	55.00
56.00	05600 RADIOISOTOPE	0.160354	0	0	56.00
57.00	05700 CT SCAN	0.045231	28,164	1,274	57.00
58.00	05800 MRI	0.361686	6,046	2,187	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154199	13,315	2,053	59.00
60.00	06000 LABORATORY	0.144646	5	1	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.192089	96,110	18,462	65.00
66.00	06600 PHYSICAL THERAPY	0.504089	734,576	370,292	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.478259	735,994	351,996	67.00
68.00	06800 SPEECH PATHOLOGY	0.443309	306,129	135,710	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.785206	1,156	908	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.344810	61,398	21,171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.725969	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.378676	264,140	100,023	73.00
74.00	07400 RENAL DIALYSIS	0.753969	59,475	44,842	74.00
76.00	03951 EMG	0.000000	0	0	76.00
76.01	03952 CARDIOVASCULAR LAB	0.000000	0	0	76.01
76.02	03953 MERCY EYE CENTER	0.720774	0	0	76.02
76.03	03954 MERCY ENT	0.000000	0	0	76.03
76.04	03955 WOUND CARE CENTER	0.668585	0	0	76.04
76.05	03956 CARDIAC REHAB	0.000000	0	0	76.05
76.06	03957 PRE-BIRTH CENTER	0.117567	0	0	76.06
76.07	03958 SLEEP LAB	0.300628	0	0	76.07
76.08	03640 UROLOGY	6.738103	0	0	76.08
76.09	03959 ADDP OP	2.468333	0	0	76.09
76.10	03550 PSYCH PARTIAL HOSPITAL	0.099511	0	0	76.10
76.11	03960 DIABETES TREATMENT	1.465113	0	0	76.11
76.12	03961 MENTAL HEALTH CENTER	1.820212	0	0	76.12
76.13	03650 VEIN CLINIC	0.000000	0	0	76.13
76.97	07697 CARDIAC REHABILITATION	0.446682	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 MERCY CLINICS	6.998745	0	0	90.01
90.02	09002 MERCY CLINIC STATE ST	0.000000	0	0	90.02
90.03	09003 MERCY CLINIC POLK ST	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.249043	2,952	735	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.680298	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,346,896	1,059,535	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,346,896		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:04 pm
		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)		4,967,572	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,902,715	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)		194,325	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		11,105,637	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		184.41	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		87.01	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).		-2.25	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)		16.00	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)		100.76	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		102.30	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		106.76	12.00
13.00	Total allowable FTE count for the prior year.		106.76	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.		107.72	14.00
15.00	Sum of lines 12 through 14 divided by 3.		107.08	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		107.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.580663	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.570909	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.570909	21.00
22.00	IME payment adjustment (see instructions)		5,384,232	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,009,283	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)		1.54	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)		5,384,232	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,009,283	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		16.03	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.96	31.00
32.00	Sum of lines 30 and 31		56.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		36.21	33.00
34.00	Disproportionate share adjustment (see instructions)		1,798,758	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6,766,695,164	6,766,695,164 35.00
35.01	Factor 3 (see instructions)		0.000545053	0.000545053 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,688,208	3,582,591 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		929,631	2,679,581 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,609,212	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		30,856,814	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)		33,866,097	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,404,514	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,766,748	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		40,037,359	59.00
60.00	Primary payer payments		14,043	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,023,316	61.00
62.00	Deductibles billed to program beneficiaries		2,055,763	62.00
63.00	Coinsurance billed to program beneficiaries		239,167	63.00
64.00	Allowable bad debts (see instructions)		1,209,431	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		786,130	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		818,687	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,514,516	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)		-87,821	70.93
70.94	HRR adjustment amount (see instructions)		-230,533	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
12/2/2019 3:04 pm

		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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		359,522	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,836,640	0	71.00
71.01	Sequestration adjustment (see instructions)		756,733	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
72.00	Interim payments		41,707,599	0	72.00
73.00	Tentative settlement (for contractor use only)		0	0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-4,627,692	0	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,987,932	0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	0	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	0	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2019 3:04 pm

		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	4,967,572	4,967,572		4,967,572	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,902,715		14,902,715	14,902,715	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	194,325	48,855	145,470	194,325	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	11,105,637	2,776,409	8,329,228	11,105,637	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.570909	0.570909	0.570909		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,384,232	1,346,058	4,038,174	5,384,232	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,009,283	752,321	2,256,962	3,009,283	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	5,384,232	1,346,058	4,038,174	5,384,232	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,009,283	752,321	2,256,962	3,009,283	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3621	0.3621	0.3621		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,798,758	449,690	1,349,068	1,798,758	11.00
11.01	Uncompensated care payments	36.00	3,609,212	929,631	2,679,581	3,609,212	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	30,856,814	7,741,806	23,115,008	30,856,814	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	33,866,097	8,494,127	25,371,970	33,866,097	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,404,514	3,069,384	-664,870	2,404,514	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			11,563,511	24,707,100	36,270,611	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2019 3:04 pm

		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	1,660,927	2,157,407	-496,480	1,660,927	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	31,216	-13,335	44,551	31,216	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	0.3066	0.3066	0.3066		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	509,240	661,461	-152,221	509,240	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1223	0.1223	0.1223		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	203,131	263,851	-60,720	203,131	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,404,514	3,069,384	-664,870	2,404,514	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	-87,821	-21,955	-65,866	-87,821	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	-230,533	-37,633	-192,900	-230,533	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		115,039	244,483	359,522	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,651	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,010,612	2.00
3.00	OPPS payments		12,117,746	3.00
4.00	Outlier payment (see instructions)		63,429	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,651	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,486	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)		25,486	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)		25,486	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,835	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)		9,651	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)		12,181,175	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,433,999	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)		9,756,827	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,651,365	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)		11,408,192	30.00
31.00	Primary payer payments		4,676	31.00
32.00	Subtotal (line 30 minus line 31)		11,403,516	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		728,298	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		473,394	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		484,716	36.00
37.00	Subtotal (see instructions)		11,876,910	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-163	38.00
39.00	FDO EFFECT		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)		11,877,073	40.00
40.01	Sequestration adjustment (see instructions)		237,541	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,563,470	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		76,062	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158 Component CCN: 14-S158	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
12/2/2019 3:04 pm

		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		41,931,888		11,591,715	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	06/17/2019	224,289	06/17/2019	28,245	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)		-224,289		-28,245	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)		41,707,599		11,563,470	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		76,062	6.01
6.02	SETTLEMENT TO PROGRAM		4,627,692		0	6.02
7.00	Total Medicare program liability (see instructions)		37,079,907		11,639,532	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0158
 Component CCN: 14-S158

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 12/2/2019 3:04 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		884,456		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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)		884,456		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		23,140		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		907,596		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0158 Component CCN: 14-T158		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,710,209			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,710,209			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		32,747			0	6.02
7.00	Total Medicare program liability (see instructions)		3,677,462			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
12/2/2019 3:04 pm

		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: 14-0158 Component CCN: 14-S158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,051,085 1.00
2.00	Net IPF PPS Outlier Payments			6,554 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			19.726027 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,057,639 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,057,639 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,057,639 18.00
19.00	Deductibles			98,612 19.00
20.00	Subtotal (line 18 minus line 19)			959,027 20.00
21.00	Coinsurance			56,521 21.00
22.00	Subtotal (line 20 minus line 21)			902,506 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,326 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,612 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,093 25.00
26.00	Subtotal (sum of lines 22 and 24)			926,118 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			926,118 31.00
31.01	Sequestration adjustment (see instructions)			18,522 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			884,456 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			23,140 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			6,554 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,429,336 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1747 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			338,133 3.00
4.00	Outlier Payments			4,265 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.23 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.663014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,771,734 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,771,734 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,771,734 19.00
20.00	Deductibles			21,608 20.00
21.00	Subtotal (line 19 minus line 20)			3,750,126 21.00
22.00	Coinsurance			3,045 22.00
23.00	Subtotal (line 21 minus line 22)			3,747,081 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,356 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,431 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,092 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,752,512 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,752,512 32.00
32.01	Sequestration adjustment (see instructions)			75,050 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,710,209 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-32,747 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			4,265 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/2/2019 3:04 pm
		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	8,624,605		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)	8,624,605	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)	8,624,605	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	2,459,906		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)	2,459,906	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)	2,459,906	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)	6,164,699	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)	2,459,906	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	2,459,906	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	6,164,699	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906	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)	2,459,906	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,459,906	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906	0	40.00
41.00	Interim payments	2,459,906	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158 Component CCN: 14-S158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/2/2019 3:04 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,072,531		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)	1,072,531	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)	1,072,531	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)	1,072,531	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	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	1,072,531	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0158 Component CCN: 14-T158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		162,410		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)		162,410	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)		162,410	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)		162,410	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)		162,410	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		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		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			88.01	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-2.25	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			17.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			102.76	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			102.30	6.00
7.00	Enter the lesser of line 5 or line 6			102.30	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	73.64	27.25	100.89	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	73.64	27.25	100.89	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	73.64	33.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	72.80	31.83		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	73.02	33.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	73.15	32.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	73.15	32.73		17.00
18.00	Per resident amount	111,989.44	106,043.95		18.00
19.00	Approved amount for resident costs	8,192,028	3,470,818	11,662,846	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,662,846	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,590	7,630		26.00
27.00	Total Inpatient Days (see instructions)	51,967	51,967		27.00
28.00	Ratio of inpatient days to total inpatient days	0.338484	0.146824		28.00
29.00	Program direct GME amount	3,947,687	1,712,386		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		241,960		30.00
31.00	Net Program direct GME amount			5,418,113	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 3:04 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,801,309		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		36,545,532		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		14,043		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		36,531,489		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		16,020,263		42.00
43.00	Primary payer payments (see instructions)		4,676		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,015,587		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		52,547,076		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.695214		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.304786		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		5,418,113		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,766,748		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,651,365		50.00

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

Provider CCN: 14-0158

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

Worksheet G

Date/Time Prepared:
12/2/2019 3:04 pm

		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	1,070,687	0	0	0	1.00
2.00	Temporary investments	13,348,188	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	33,805,477	0	0	0	4.00
5.00	Other receivable	3,357,893	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,943,031	0	0	0	7.00
8.00	Prepaid expenses	2,432,940	0	0	0	8.00
9.00	Other current assets	449,449	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)	57,407,665	0	0	0	11.00
FIXED ASSETS						
12.00	Land	25,078,000	0	0	0	12.00
13.00	Land improvements	269,023	0	0	0	13.00
14.00	Accumulated depreciation	-4,618	0	0	0	14.00
15.00	Buildings	3,687,332	0	0	0	15.00
16.00	Accumulated depreciation	-127,987	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	6,014,447	0	0	0	23.00
24.00	Accumulated depreciation	-1,627,099	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)	33,289,098	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	2,335,737	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,335,737	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,032,500	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,350,505	0	0	0	37.00
38.00	Salaries, wages, and fees payable	102,693,638	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,921,496	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,474,141	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	124,439,780	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	73,323,364	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	73,323,364	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	197,763,144	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-104,730,644	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)	-104,730,644	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,032,500	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0158

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

Worksheet G-1

Date/Time Prepared:
12/2/2019 3:04 pm

		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		-67,311,600		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-37,419,045				2.00
3.00	Total (sum of line 1 and line 2)		-104,730,645		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)		-104,730,645		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-104,730,645		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0158

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2019 3:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	74,458,225		74,458,225	1.00
2.00	SUBPROVIDER - IPF	11,609,839		11,609,839	2.00
3.00	SUBPROVIDER - IRF	5,947,820		5,947,820	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)	92,015,884		92,015,884	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,560,396		12,560,396	11.00
12.00	CORONARY CARE UNIT	3,585,878		3,585,878	12.00
12.01	NURSERY INTENSIVE CARE CENTER	7,395,353		7,395,353	12.01
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,541,627		23,541,627	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	115,557,511		115,557,511	17.00
18.00	Ancillary services	184,409,098	300,284,675	484,693,773	18.00
19.00	Outpatient services	0	2,366,805	2,366,805	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIANS REVENUE	0	63,680,042	63,680,042	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	299,966,609	366,331,522	666,298,131	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		272,976,851		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OTHER NON OPER EXPENSES	518,671			31.00
32.00	INTER CO TREASURY FEE	882,477			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)		1,401,148		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		274,377,999		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0158

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

Worksheet G-3

Date/Time Prepared:
12/2/2019 3:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	666,298,131	1.00
2.00	Less contractual allowances and discounts on patients' accounts	436,414,098	2.00
3.00	Net patient revenues (line 1 minus line 2)	229,884,033	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	274,377,999	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-44,493,966	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	171,101	6.00
7.00	Income from investments	256,913	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	763,072	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER RENT REVENUE	958,242	24.00
24.01	CAPITATION REVENUE AND MGD CARE DIS	2,483,330	24.01
24.02	GRANTS	2,111,884	24.02
24.03	OTHER REVENUE	798,565	24.03
24.04	REFERRAL LAB	101,594	24.04
24.05	LAB REVENUE	0	24.05
24.06	LOSS ON INVESTMENTS	-1,253,936	24.06
24.07	COMMISSION REVENUE	0	24.07
24.08	EXPENSE REIMBURSEMENT	672,556	24.08
24.09	GAIN ON SALE OF EQUIPMENT	11,600	24.09
24.10	GENERAL MERCHANDISE REVENUE	0	24.10
24.11	OTHER NON OPER REVENUE	0	24.11
24.12	OTHER REVENUE PHYSICIANS OFFICES	0	24.12
24.13	OTHER (SPECIFY)	0	24.13
25.00	Total other income (sum of lines 6-24)	7,074,921	25.00
26.00	Total (line 5 plus line 25)	-37,419,045	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)	-37,419,045	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0158	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/2/2019 3:04 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,660,927	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		31,216	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)		112.99	3.00
4.00	Number of interns & residents (see instructions)		107.08	4.00
5.00	Indirect medical education percentage (see instructions)		30.66	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)		509,240	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		16.03	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.96	8.00
9.00	Sum of lines 7 and 8		56.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		12.23	10.00
11.00	Disproportionate share adjustment (see instructions)		203,131	11.00
12.00	Total prospective capital payments (see instructions)		2,404,514	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