

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 12:19 pm
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PART I - COST REPORT STATUS			
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.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (14-0174) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) KEVIN LARKIN
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	216,698	-108,606	0	0	1.00
2.00	Subprovider - IPF	0	55,828	1,591		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	272,526	-107,015	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: 14-0174		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 12:19 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:				1.00			
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			PRESENCE MERCY MEDICAL CENTER	140174	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF			PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			986	735	3	8	4,203	602	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0174

Period:
From 07/01/2018
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Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					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

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

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

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,632,792	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0174		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 12:19 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: PRESENCE CARE TRANSFORMATION CORP			Contractor's Name: NATIONAL GOVERNMENT SERVICES			Contractor's Number: 00131			
142.00	Street: 200 SOUTH WACKER DRIVE			PO Box:						
143.00	City: CHICAGO			State: IL			Zip Code: 60606			
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			
156.00	Subprovider - IPF			N	N	N	N			
157.00	Subprovider - IRF			N	N	N	N			
158.00	SUBPROVIDER									
159.00	SNF			N	N	N	N			
160.00	HOME HEALTH AGENCY			N	N	N	N			
161.00	CMHC				N	N	N			
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	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)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/01/2018	06/30/2019	170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 12:19 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.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/21/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 12:19 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE CARE TRANSFORMATION CORP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3721	ANNE.LITTLE@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 12:19 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.	REIMBURSEMENT DIRECTOR		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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:19 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	172	62,780	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)		172	62,780	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		188	68,620	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	68	24,820		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		256			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		11	4,015			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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:19 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)	6,911	2,040	21,729			1.00
2.00	HMO and other (see instructions)	3,533	4,203				2.00
3.00	HMO IPF Subprovider	0	3,022				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,911	2,040	21,729			7.00
8.00	INTENSIVE CARE UNIT	1,041	74	3,210			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		146	391			13.00
14.00	Total (see instructions)	7,952	2,260	25,330	0.00	605.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,973	1,026	10,533	0.00	62.52	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			273			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	667.72	27.00
28.00	Observation Bed Days		1,041	3,790			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	74	103			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			88			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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 12:19 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	1,813	828	5,994	1.00
2.00 HMO and other (see instructions)			804	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,813	828	5,994	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	217	464	1,807	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 12:19 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	46,375,002	0	46,375,002	1,388,841.00	33.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,379,975	-406,560	4,973,415	151,508.00	32.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,068,348	0	7,068,348	167,248.00	42.26
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		333,223	0	333,223	2,249.00	148.16
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		16,802,989	0	16,802,989	390,737.00	43.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,886,767	0	9,886,767		
18.00	Wage-related costs (other) (see instructions)		1,275	0	1,275		
19.00	Excluded areas		946,849	0	946,849		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		906,057	0	906,057		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	123,310	0	123,310	6,122.00	20.14
27.00	Administrative & General	5.00	4,018,373	0	4,018,373	104,464.00	38.47

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 12:19 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.)		568,856	0	568,856	2,610.00	217.95	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,235,314	0	1,235,314	48,592.00	25.42	30.00
31.00	Laundry & Linen Service	8.00	21,054	0	21,054	1,275.00	16.51	31.00
32.00	Housekeeping	9.00	712,513	0	712,513	41,880.00	17.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	775,281	-330,913	444,368	29,156.00	15.24	34.00
35.00	Dietary under contract (see instructions)		732,609	0	732,609	11,440.00	64.04	35.00
36.00	Cafeteria	11.00	0	330,913	330,913	21,821.00	15.16	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,132,059	0	2,132,059	56,692.00	37.61	38.00
39.00	Central Services and Supply	14.00	274,320	0	274,320	12,575.00	21.81	39.00
40.00	Pharmacy	15.00	2,077,134	0	2,077,134	43,541.00	47.71	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 12:19 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)	47,676,467	0	47,676,467	1,402,891.00	33.98	1.00
2.00	Excluded area salaries (see instructions)	5,379,975	-406,560	4,973,415	151,508.00	32.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,296,492	406,560	42,703,052	1,251,383.00	34.12	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,204,560	0	24,204,560	560,234.00	43.20	4.00
5.00	Subtotal wage-related costs (see inst.)	10,794,099	0	10,794,099	0.00	25.28	5.00
6.00	Total (sum of lines 3 thru 5)	77,295,151	406,560	77,701,711	1,811,617.00	42.89	6.00
7.00	Total overhead cost (see instructions)	12,670,823	0	12,670,823	380,168.00	33.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 12:19 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,730,931	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)		148,231	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)		4,427,599	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		115,319	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		24,904	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)		144,347	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		691,503	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,373,070	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		65,432	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		112,279	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,833,615	24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ACTIVITIES		1,275	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0174

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/26/2019 12:19 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	7,068,348	10,833,615	1.00
2.00	Hospital	7,068,348	9,886,766	2.00
3.00	Subprovider - IPF	0	946,849	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 12:19 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)			0.150622	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			51,454,969	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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			238,496,260	6.00
7.00	Medicaid cost (line 1 times line 6)			35,922,784	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)	36,963,240	3,750,682	40,713,922	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,567,477	3,750,682	9,318,159	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,567,477	3,750,682	9,318,159	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)			7,933,039	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			680,203	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,046,466	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,886,573	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,403,532	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,721,691	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,721,691	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/26/2019 12:19 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		2,533,708	2,533,708	4,378,861	6,912,569 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,014,593	4,014,593 2.00
3.00	00300	OTHER CAP REL COSTS		321,529	321,529	-321,529	0 3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	123,310	692,967	816,277	0	816,277 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,018,373	37,131,452	41,149,825	-1,561,869	39,587,956 5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,316,335	2,316,335	-198,467	2,117,868 6.00
7.00	00700	OPERATION OF PLANT	1,235,314	5,355,459	6,590,773	-227,593	6,363,180 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,054	390,641	411,695	0	411,695 8.00
9.00	00900	HOUSEKEEPING	712,513	1,676,372	2,388,885	-6,885	2,382,000 9.00
10.00	01000	DIETARY	775,281	1,754,025	2,529,306	-1,099,128	1,430,178 10.00
11.00	01100	CAFETERIA	0	0	0	1,065,016	1,065,016 11.00
13.00	01300	NURSING ADMINISTRATION	2,132,059	750,411	2,882,470	-209,535	2,672,935 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	274,320	980,569	1,254,889	-71,251	1,183,638 14.00
15.00	01500	PHARMACY	2,077,134	4,579,756	6,656,890	-3,858,978	2,797,912 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,771,322	2,875,525	12,646,847	1,365,076	14,011,923 30.00
31.00	03100	INTENSIVE CARE UNIT	2,704,176	1,404,052	4,108,228	-66,605	4,041,623 31.00
40.00	04000	SUBPROVIDER - IPF	4,663,623	1,952,366	6,615,989	-819,876	5,796,113 40.00
43.00	04300	NURSERY	204,648	523,539	728,187	832,374	1,560,561 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,676,541	8,043,441	9,719,982	-5,796,540	3,923,442 50.00
51.00	05100	RECOVERY ROOM	1,218,191	428,120	1,646,311	0	1,646,311 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,651,792	1,328,350	2,980,142	-1,736,321	1,243,821 52.00
53.00	05300	ANESTHESIOLOGY	84,267	1,187,698	1,271,965	-163,842	1,108,123 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,593,669	1,220,411	2,814,080	-414,692	2,399,388 54.00
54.02	03630	ULTRA SOUND	449,362	275,456	724,818	-88,395	636,423 54.02
57.00	05700	CT SCAN	585,262	442,369	1,027,631	-219,349	808,282 57.00
58.00	05800	MRI	157,833	316,136	473,969	-267,857	206,112 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,263,868	9,939,048	11,202,916	-9,316,391	1,886,525 59.00
60.00	06000	LABORATORY	242,901	5,070,207	5,313,108	-74,286	5,238,822 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	532,248	532,248	0	532,248 63.00
65.00	06500	RESPIRATORY THERAPY	982,746	483,565	1,466,311	-147,474	1,318,837 65.00
66.00	06600	PHYSICAL THERAPY	0	1,331,754	1,331,754	-708,112	623,642 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	92,053	92,053	301,038	393,091 67.00
68.00	06800	SPEECH PATHOLOGY	0	144,662	144,662	353,051	497,713 68.00
69.00	06900	ELECTROCARDIOLOGY	446,064	278,282	724,346	-35,879	688,467 69.00
70.01	03320	ELECTROSHOCK THERAPY	0	4	4	-4	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,163,186	9,163,186 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,265,416	5,265,416 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,993,601	3,993,601 73.00
74.00	07400	RENAL DIALYSIS	24,175	637,642	661,817	0	661,817 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	437,130	115,061	552,191	173,067	725,258 75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	231,041	83,387	314,428	-11,416	303,012 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
90.02	09002	PRCC	2,240,034	34,059,082	36,299,116	-481,565	35,817,551 90.02
91.00	09100	EMERGENCY	3,660,647	3,783,008	7,443,655	-98,799	7,344,856 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		2,726,463	2,726,463	-2,726,463	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,658,650	137,757,153	183,415,803	176,178	183,591,981 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,486	27,486	-2,800	24,686 190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	298,167	333,067	631,234	-3,100	628,134 192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0 193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0 193.02
193.03	19303	ADOL SCHOOL	45,873	10,607	56,480	18,162	74,642 193.03
193.04	19304	FOUNDATION	0	220	220	0	220 193.04
193.05	19305	LEASED BLDG	0	3,768	3,768	0	3,768 193.05
193.07	19307	PARISH NURSING	123,911	29,769	153,680	0	153,680 193.07
194.00	07950	OP PHARMACY	248,401	1,075,962	1,324,363	-188,440	1,135,923 194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	46,375,002	139,238,032	185,613,034	0	185,613,034 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A

Date/Time Prepared:
11/26/2019 12:19 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	-707,117	6,205,452	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,213,132	2,801,461	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	485,455	1,301,732	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,700,485	34,887,471	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,117,868	6.00
7.00	00700	OPERATION OF PLANT	69,857	6,433,037	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,411	414,106	8.00
9.00	00900	HOUSEKEEPING	0	2,382,000	9.00
10.00	01000	DIETARY	-218	1,429,960	10.00
11.00	01100	CAFETERIA	-404,941	660,075	11.00
13.00	01300	NURSING ADMINISTRATION	-858	2,672,077	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	574,956	1,758,594	14.00
15.00	01500	PHARMACY	-183,421	2,614,491	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,041,895	1,041,895	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-473,400	13,538,523	30.00
31.00	03100	INTENSIVE CARE UNIT	-121,665	3,919,958	31.00
40.00	04000	SUBPROVIDER - IPF	-506,367	5,289,746	40.00
43.00	04300	NURSERY	-707,524	853,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-845,094	3,078,348	50.00
51.00	05100	RECOVERY ROOM	0	1,646,311	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-387,858	855,963	52.00
53.00	05300	ANESTHESIOLOGY	-891,459	216,664	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-350	2,399,038	54.00
54.02	03630	ULTRA SOUND	0	636,423	54.02
57.00	05700	CT SCAN	0	808,282	57.00
58.00	05800	MRI	0	206,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,886,525	59.00
60.00	06000	LABORATORY	4,416	5,243,238	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	532,248	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,318,837	65.00
66.00	06600	PHYSICAL THERAPY	0	623,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	393,091	67.00
68.00	06800	SPEECH PATHOLOGY	0	497,713	68.00
69.00	06900	ELECTROCARDIOLOGY	-570	687,897	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,163,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,265,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,993,601	73.00
74.00	07400	RENAL DIALYSIS	0	661,817	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-65,818	659,440	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	303,012	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	90.01
90.02	09002	PRCC	-6,633,808	29,183,743	90.02
91.00	09100	EMERGENCY	-1,671,922	5,672,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,337,017	166,254,964	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,686	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	628,134	192.01
193.01	19301	MASSAGE THERAPY	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	74,642	193.03
193.04	19304	FOUNDATION	0	220	193.04
193.05	19305	LEASED BLDG	0	3,768	193.05
193.07	19307	PARISH NURSING	0	153,680	193.07
194.00	07950	OP PHARMACY	0	1,135,923	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,337,017	168,276,017	200.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,163,186		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,265,416		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
	0		0	14,428,602		
	B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,993,601		1.00
	0		0	3,993,601		
	C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	630,499		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,095,964		2.00
	0		0	2,726,463		
	D - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	316,951	295,180		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	89,609	83,454		2.00
3.00	ADOL SCHOOL	193.03	9,404	8,758		3.00
	0		415,964	387,392		
	E - REHAB RECLASSIFICATION					
1.00	OCCUPATIONAL THERAPY	67.00	0	301,048		1.00
2.00	SPEECH PATHOLOGY	68.00	0	354,218		2.00
	TOTALS		0	655,266		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	330,913	734,103		1.00
	0		330,913	734,103		
	G - LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	461,241	340,766		1.00
2.00	NURSERY	43.00	478,705	353,669		2.00
	0		939,946	694,435		
	H - CONTRACT PHARMACY					
1.00	PHARMACY	15.00	0	183,421		1.00
	TOTALS		0	183,421		
	I - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,822,071		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,523,391		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 12:19 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	5,345,462	
J - OTHER RECLASSIFICATIONS					
1.00	PSYCHIATRIC/PSYCHOLOGICAL	75.01	0	4	1.00
	SERVICES				
	TOTALS		0	4	
500.00	Grand Total: Increases		1,686,823	29,148,749	500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS SUPPLY COSTS							
1.00	OPERATING ROOM	50.00	0	3,195,686	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	79,493	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	128,250	0		3.00
4.00	ULTRA SOUND	54.02	0	16,973	0		4.00
5.00	CT SCAN	57.00	0	36,492	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	5,570,013	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	136,269	0		7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	10	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	547	0		9.00
10.00	OPERATING ROOM	50.00	0	2,061,973	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,231	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	507	0		12.00
13.00	ULTRA SOUND	54.02	0	136	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	3,185,132	0		14.00
15.00	EMERGENCY	91.00	0	8,890	0		15.00
	0		0	14,428,602			
B - PHARMACY							
1.00	PHARMACY	15.00	0	3,993,601	0		1.00
	0		0	3,993,601			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,726,463	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	2,726,463			
D - PSYCH ADMIN RECLASS							
1.00	SUBPROVIDER - IPF	40.00	415,964	387,392	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		415,964	387,392			
E - REHAB RECLASSIFICATION							
1.00	PHYSICAL THERAPY	66.00	0	301,048	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	354,218	0		2.00
	TOTALS		0	655,266			
F - CAFETERIA							
1.00	DIETARY	10.00	330,913	734,103	0		1.00
	0		330,913	734,103			
G - LABOR & DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	939,946	694,435	0		1.00
2.00		0.00	0	0	0		2.00
	0		939,946	694,435			
H - CONTRACT PHARMACY							
1.00	OP PHARMACY	194.00	0	183,421	0		1.00
	TOTALS		0	183,421			
I - DEPRECIATION RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,561,869	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	198,467	9		2.00
3.00	OPERATION OF PLANT	7.00	0	227,593	0		3.00
4.00	HOUSEKEEPING	9.00	0	6,885	0		4.00
5.00	DIETARY	10.00	0	34,112	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	209,535	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	71,251	0		7.00
8.00	PHARMACY	15.00	0	48,798	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	49,062	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	66,058	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	16,520	0		11.00
12.00	OPERATING ROOM	50.00	0	538,881	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,216	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	35,592	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	414,185	0		15.00
16.00	ULTRA SOUND	54.02	0	71,286	0		16.00
17.00	CT SCAN	57.00	0	182,857	0		17.00
18.00	MRI	58.00	0	267,857	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	561,246	0		19.00
20.00	LABORATORY	60.00	0	74,286	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	11,205	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	52,846	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	1,167	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	35,879	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	11,416	0		25.00
26.00	PRCC	90.02	0	481,565	0		26.00
27.00	EMERGENCY	91.00	0	89,909	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,800	0		28.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
29.00	PHYSICIAN PRACTICE	192.01	0	3,100	0	29.00
	MANAGEMENT					
30.00	OP PHARMACY	194.00	0	5,019	0	30.00
	TOTALS		0	5,345,462		
J - OTHER RECLASSIFICATIONS						
1.00	ELECTROSHOCK THERAPY	70.01	0	4	0	1.00
	TOTALS		0	4		
500.00	Grand Total: Decreases		1,686,823	29,148,749		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 12:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,850,000	0	0	0	0	1.00
2.00	Land Improvements	2,072,750	0	0	0	26,000	2.00
3.00	Buildings and Fixtures	36,656,565	885,738	0	885,738	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	13,486,486	1,438,575	0	1,438,575	13,191	5.00
6.00	Movable Equipment	1,079,196	687,519	0	687,519	1,079,196	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	59,144,997	3,011,832	0	3,011,832	1,118,387	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	59,144,997	3,011,832	0	3,011,832	1,118,387	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,850,000	0				1.00
2.00	Land Improvements	2,046,750	0				2.00
3.00	Buildings and Fixtures	37,542,303	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	14,911,870	0				5.00
6.00	Movable Equipment	687,519	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	61,038,442	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	61,038,442	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 12:19 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	2,533,708	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,533,708	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,533,708				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,533,708				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	38,614,880	0	38,614,880	0.699691	224,971	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,573,562	0	16,573,562	0.300309	96,558	2.00
3.00	Total (sum of lines 1-2)	55,188,442	0	55,188,442	1.000000	321,529	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	224,971	5,980,481	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	96,558	2,704,903	0	2.00
3.00	Total (sum of lines 1-2)	0	0	321,529	8,685,384	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	224,971	0	0	6,205,452	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	96,558	0	0	2,801,461	2.00
3.00	Total (sum of lines 1-2)	0	321,529	0	0	9,006,913	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 12:19 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-38,575	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-128,236	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,676,773			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	-3,227,622			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-397,360	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	B	-7,581	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-76,618	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	152,295	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INCOME TAXES	A	-226,197	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 12:19 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			
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MISC A&G INCOME OFFSET	B	-192,427	ADMINISTRATIVE & GENERAL	5.00	0	35.00
37.00	MISC HOUSEKEEPING OFFSET		0		0.00	0	37.00
38.00	CAFETERIA AND VENDING SALES		0		0.00	0	38.00
38.01	MISC RADIOLOGY OFFSET	B	-350	RADIOLOGY-DIAGNOSTIC	54.00	0	38.01
39.00	MISC EMERGENCY OFFSET	B	-21,964	EMERGENCY	91.00	0	39.00
40.00	MISC INCOME SUBPROVIDER		0		0.00	0	40.00
41.00	CONTRACT PHARMACY	A	-183,421	PHARMACY	15.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00	MISC INCOME - CLINIC		0		0.00	0	43.00
44.02	INTEREST INCOME OFFSET HOME OFFICE		0		0.00	0	44.02
44.03	PENSION FUNDING AND AVERAGING		0		0.00	0	44.03
44.04	NON-ALLOW DONATIONS, SPONSORSHI	A	-21,163	ADMINISTRATIVE & GENERAL	5.00	0	44.04
44.05	MISC INCOME OPERATION OF PLANT	B	-15,271	OPERATION OF PLANT	7.00	0	44.05
44.06	NON-ALLOW DONATIONS, SPONSORSHI	A	-263,187	ADMINISTRATIVE & GENERAL	5.00	0	44.06
45.03	NON-ALLOW DONATIONS, SPONSORSHI		0		0.00	0	45.03
45.04	RENT INCOME CARDIO PULMONARY		0		0.00	0	45.04
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.07
45.13	NON ALLOWABLE MARKETING	A	-4,945	PRCC	90.02	0	45.13
45.16	NON ALLOWABLE MARKETING	A	-2,929	ADMINISTRATIVE & GENERAL	5.00	0	45.16
45.18	NON ALLOWABLE MARKETING	A	-3,617	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.18
45.19	NON ALLOWABLE MARKETING	A	-218	DIETARY	10.00	0	45.19
47.00	NON ALLOWABLE MARKETING	A	-858	NURSING ADMINISTRATION	13.00	0	47.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,337,017				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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 12:19 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	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	342,741	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	1,139,370	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-934,665	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME	-3,107,098	0	3.01
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	RENTAL EXPENSE	549,156	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	DIRECT INFORMATION SYSTEM	853,428	0	3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	DIRECT CENTRAL SUPPLY	375,003	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	DIRECT MARKETING	1,190	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	PRESENCE ABHS ALLOCATION	3,799,766	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	NATIONAL OFFICE ALLOCATION	-180,202	0	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	FUNCTIONAL ADMIN & GEN	13,164,713	21,320,148	3.08
3.09	31.00	INTENSIVE CARE UNIT	TELE ICU	348,301	0	3.09
3.10	16.00	MEDICAL RECORDS & LIBRARY	EMR & CODERS	1,041,895	0	3.10
3.11	7.00	OPERATION OF PLANT	FACILITY MANAGEMENT	85,128	0	3.11
3.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	489,072	0	3.12
3.13	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	2,411	0	3.13
3.14	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT	199,953	0	3.14
3.15	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL	181,381	0	3.15
3.16	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	-268,219	0	3.16
3.17	0.00			0	0	3.17
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	60.00	LABORATORY	LAB	4,877,598	4,868,396	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,960,922	26,188,544	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 12:19 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	342,741	11		1.00
2.00	1,139,370	11		2.00
3.00	-934,665	11		3.00
3.01	-3,107,098	11		3.01
3.02	549,156	9		3.02
3.03	853,428	0		3.03
3.04	375,003	0		3.04
3.05	1,190	0		3.05
3.06	3,799,766	0		3.06
3.07	-180,202	0		3.07
3.08	-8,155,435	0		3.08
3.09	348,301	0		3.09
3.10	1,041,895	0		3.10
3.11	85,128	0		3.11
3.12	489,072	0		3.12
3.13	2,411	0		3.13
3.14	199,953	0		3.14
3.15	181,381	9		3.15
3.16	-268,219	0		3.16
3.17	0	0		3.17
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	9,202	0		4.06
5.00	-3,227,622			5.00

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

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

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

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

6.00	HEALTHCARE CHAIN		6.00
7.00	LABORATORY		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: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:

11/26/2019 12:19 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	ADMINISTRATIVE & GENERAL	119,135	0	119,135	211,500	728	1.00
2.00	30.00	ADULTS & PEDIATRICS	229,060	218,660	10,400	181,300	80	2.00
3.00	31.00	INTENSIVE CARE UNIT	504,538	453,498	51,040	211,500	340	3.00
4.00	40.00	SUBPROVIDER - IPF	522,231	498,520	23,711	181,300	182	4.00
5.00	43.00	NURSERY	446,695	446,695	0	0	0	5.00
6.00	50.00	OPERATING ROOM	845,094	845,094	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	387,858	387,858	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	900,000	887,400	12,600	211,500	84	8.00
9.00	60.00	LABORATORY	28,814	0	28,814	260,300	192	9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,164	0	9,164	181,300	70	10.00
11.00	90.02	PRCC	6,638,726	6,624,226	14,500	211,500	97	11.00
12.00	91.00	EMERGENCY	1,694,190	1,635,671	58,519	211,500	435	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,400	0	2,400	211,500	18	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	64,760	61,820	2,940	181,300	23	14.00
15.00	30.00	ADULTS & PEDIATRICS	251,313	251,313	0	0	0	15.00
16.00	43.00	NURSERY	260,829	260,829	0	0	0	16.00
200.00			12,904,807	12,571,584	333,223		2,249	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	74,025	3,701	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6,973	349	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	34,572	1,729	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	15,864	793	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	8,541	427	0	0	0	8.00
9.00	60.00	LABORATORY	24,028	1,201	0	0	0	9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,101	305	0	0	0	10.00
11.00	90.02	PRCC	9,863	493	0	0	0	11.00
12.00	91.00	EMERGENCY	44,232	2,212	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	1,830	92	0	0	0	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,005	100	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	43.00	NURSERY	0	0	0	0	0	16.00
200.00			228,034	11,402	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	74,025	45,110	45,110		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	6,973	3,427	222,087		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	34,572	16,468	469,966		3.00
4.00	40.00	SUBPROVIDER - IPF	0	15,864	7,847	506,367		4.00
5.00	43.00	NURSERY	0	0	0	446,695		5.00
6.00	50.00	OPERATING ROOM	0	0	0	845,094		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	387,858		7.00
8.00	53.00	ANESTHESIOLOGY	0	8,541	4,059	891,459		8.00
9.00	60.00	LABORATORY	0	24,028	4,786	4,786		9.00
10.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	6,101	3,063	3,063		10.00
11.00	90.02	PRCC	0	9,863	4,637	6,628,863		11.00
12.00	91.00	EMERGENCY	0	44,232	14,287	1,649,958		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	1,830	570	570		13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,005	935	62,755		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	251,313		15.00
16.00	43.00	NURSERY	0	0	0	260,829		16.00
200.00			0	228,034	105,189	12,676,773		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,205,452	6,205,452			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,801,461	2,801,461			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,301,732	46,453	20,971	1,369,156	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,887,471	531,074	239,754	118,952	35,777,251
6.00	00600	MAINTENANCE & REPAIRS	2,117,868	1,607,693	725,797	0	4,451,358
7.00	00700	OPERATION OF PLANT	6,433,037	13,810	6,234	36,568	6,489,649
8.00	00800	LAUNDRY & LINEN SERVICE	414,106	7,773	3,509	623	426,011
9.00	00900	HOUSEKEEPING	2,382,000	107,552	48,555	21,092	2,559,199
10.00	01000	DIETARY	1,429,960	112,264	50,682	13,154	1,606,060
11.00	01100	CAFETERIA	660,075	83,607	37,745	9,796	791,223
13.00	01300	NURSING ADMINISTRATION	2,672,077	57,050	25,755	63,113	2,817,995
14.00	01400	CENTRAL SERVICES & SUPPLY	1,758,594	183,048	82,638	8,120	2,032,400
15.00	01500	PHARMACY	2,614,491	133,884	60,442	61,487	2,870,304
16.00	01600	MEDICAL RECORDS & LIBRARY	1,041,895	116,550	52,617	0	1,211,062
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,538,523	963,657	435,045	312,303	15,249,528
31.00	03100	INTENSIVE CARE UNIT	3,919,958	240,799	108,709	80,049	4,349,515
40.00	04000	SUBPROVIDER - IPF	5,289,746	423,147	191,031	125,739	6,029,663
43.00	04300	NURSERY	853,037	77,908	35,172	20,229	986,346
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,078,348	359,698	162,386	49,629	3,650,061
51.00	05100	RECOVERY ROOM	1,646,311	283,040	127,779	36,061	2,093,191
52.00	05200	DELIVERY ROOM & LABOR ROOM	855,963	94,242	42,546	21,072	1,013,823
53.00	05300	ANESTHESIOLOGY	216,664	7,911	3,571	2,494	230,640
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,399,038	153,280	69,198	47,176	2,668,692
54.02	03630	ULTRA SOUND	636,423	35,705	16,119	13,302	701,549
57.00	05700	CT SCAN	808,282	17,659	7,972	17,325	851,238
58.00	05800	MRI	206,112	31,931	14,415	4,672	257,130
59.00	05900	CARDIAC CATHETERIZATION	1,886,525	40,954	18,489	37,413	1,983,381
60.00	06000	LABORATORY	5,243,238	8,223	3,712	7,190	5,262,363
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	532,248	6,736	3,041	0	542,025
65.00	06500	RESPIRATORY THERAPY	1,318,837	25,120	11,340	29,091	1,384,388
66.00	06600	PHYSICAL THERAPY	623,642	1,712	773	0	626,127
67.00	06700	OCCUPATIONAL THERAPY	393,091	1,600	722	0	395,413
68.00	06800	SPEECH PATHOLOGY	497,713	3,862	1,743	0	503,318
69.00	06900	ELECTROCARDIOLOGY	687,897	40,554	18,308	13,204	759,963
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,163,186	0	0	0	9,163,186
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,265,416	0	0	0	5,265,416
73.00	07300	DRUGS CHARGED TO PATIENTS	3,993,601	0	0	0	3,993,601
74.00	07400	RENAL DIALYSIS	661,817	6,549	2,956	716	672,038
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	659,440	119,000	53,723	15,593	847,756
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	303,012	35,105	15,848	6,839	360,804
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0
90.02	09002	PRCC	29,183,743	0	0	66,309	29,250,052
91.00	09100	EMERGENCY	5,672,934	202,744	91,529	108,362	6,075,569
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,254,964	6,181,894	2,790,826	1,347,673	166,199,288
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,686	0	0	0	24,686
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	628,134	0	0	8,826	636,960
193.01	19301	MASSAGE THERAPY	0	5,974	2,697	0	8,671
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03	19303	ADOL SCHOOL	74,642	0	0	1,636	76,278
193.04	19304	FOUNDATION	220	8,711	3,932	0	12,863
193.05	19305	LEASED BLDG	3,768	5,311	2,398	0	11,477
193.07	19307	PARISH NURSING	153,680	3,562	1,608	3,668	162,518
194.00	07950	OP PHARMACY	1,135,923	0	0	7,353	1,143,276
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	168,276,017	6,205,452	2,801,461	1,369,156	168,276,017

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 12:19 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	35,777,251					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,201,956	5,653,314				6.00
7.00	00700	OPERATION OF PLANT	1,752,335	19,419	8,261,403			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	115,031	10,931	16,029	568,002		8.00
9.00	00900	HOUSEKEEPING	691,035	151,241	221,777	0	3,623,252	9.00
10.00	01000	DIETARY	433,668	157,867	231,492	0	104,536	10.00
11.00	01100	CAFETERIA	213,646	117,570	172,401	0	77,852	11.00
13.00	01300	NURSING ADMINISTRATION	760,915	80,225	117,640	0	53,123	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	548,789	257,406	377,453	0	170,448	14.00
15.00	01500	PHARMACY	775,039	188,270	276,074	0	124,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	327,011	163,895	240,331	0	108,527	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,117,678	1,355,111	1,987,102	344,787	897,324	30.00
31.00	03100	INTENSIVE CARE UNIT	1,174,456	338,615	496,537	50,695	224,223	31.00
40.00	04000	SUBPROVIDER - IPF	1,628,130	595,037	872,547	166,345	394,020	40.00
43.00	04300	NURSERY	266,333	109,556	160,650	6,175	72,546	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	985,589	505,814	741,713	0	334,938	50.00
51.00	05100	RECOVERY ROOM	565,203	398,015	583,639	0	263,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	273,752	132,525	194,332	0	87,755	52.00
53.00	05300	ANESTHESIOLOGY	62,277	11,124	16,312	0	7,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	720,600	215,545	316,069	0	142,729	54.00
54.02	03630	ULTRA SOUND	189,432	50,209	73,625	0	33,247	54.02
57.00	05700	CT SCAN	229,851	24,832	36,413	0	16,443	57.00
58.00	05800	MRI	69,430	44,901	65,842	0	29,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	535,553	57,590	84,448	0	38,135	59.00
60.00	06000	LABORATORY	1,420,943	11,564	16,957	0	7,657	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	146,358	9,472	13,890	0	6,272	63.00
65.00	06500	RESPIRATORY THERAPY	373,812	35,324	51,798	0	23,391	65.00
66.00	06600	PHYSICAL THERAPY	169,067	2,408	3,530	0	1,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,769	2,249	3,299	0	1,490	67.00
68.00	06800	SPEECH PATHOLOGY	135,906	5,430	7,963	0	3,596	68.00
69.00	06900	ELECTROCARDIOLOGY	205,205	57,027	83,624	0	37,762	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,243	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,421,768	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,078,352	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	181,464	9,209	13,503	0	6,098	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	228,911	167,339	245,382	0	110,808	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	97,424	49,365	72,388	0	32,689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	7,898,037	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,640,525	285,102	418,067	0	188,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,216,493	5,620,187	8,212,827	568,002	3,601,315	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,666	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	171,992	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	2,341	8,400	12,318	0	5,563	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	20,597	0	0	0	0	193.03
193.04	19304	FOUNDATION	3,473	12,249	17,962	0	8,111	193.04
193.05	19305	LEASED BLDG	3,099	7,469	10,952	0	4,946	193.05
193.07	19307	PARISH NURSING	43,883	5,009	7,344	0	3,317	193.07
194.00	07950	OP PHARMACY	308,707	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,777,251	5,653,314	8,261,403	568,002	3,623,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	2,533,623					10.00
11.00	01100	CAFETERIA	0	1,372,692				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,829,898			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,386,496		14.00
15.00	01500	PHARMACY	0	0	0	8,449	4,242,804	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,632,810	884,640	1,538,314	82,790	15,304	30.00
31.00	03100	INTENSIVE CARE UNIT	119,125	64,541	460,118	43,760	3,822	31.00
40.00	04000	SUBPROVIDER - IPF	781,688	423,511	516,722	10,780	69	40.00
43.00	04300	NURSERY	0	0	103,411	2,353	723	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	115,560	2,733	8,881	50.00
51.00	05100	RECOVERY ROOM	0	0	159,513	27,217	5,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	96,006	2,268	514	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,411	3,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,642	72,215	3,246	54.00
54.02	03630	ULTRA SOUND	0	0	0	129	0	54.02
57.00	05700	CT SCAN	0	0	0	1,235	18,315	57.00
58.00	05800	MRI	0	0	0	383	2,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	167	1,059	51,317	59.00
60.00	06000	LABORATORY	0	0	40,917	2,991	57	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,916	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,738	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	132	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	210	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	18,358	1,760	13,855	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,795,170	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,031,553	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	734,967	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,070	93	4,136	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	28,123	458	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	28,258	834	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	188,792	143,797	3,347,822	90.02
91.00	09100	EMERGENCY	0	0	528,329	142,028	28,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,533,623	1,372,692	3,829,300	3,382,462	4,242,804	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,781	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	598	1,568	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	19	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	666	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,533,623	1,372,692	3,829,898	3,386,496	4,242,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
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
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,050,826				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	212,530	28,317,918	0	28,317,918	30.00
31.00	03100	INTENSIVE CARE UNIT	51,436	7,376,843	0	7,376,843	31.00
40.00	04000	SUBPROVIDER - IPF	64,542	11,483,054	0	11,483,054	40.00
43.00	04300	NURSERY	3,854	1,711,947	0	1,711,947	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	185,031	6,530,320	0	6,530,320	50.00
51.00	05100	RECOVERY ROOM	62,237	4,158,134	0	4,158,134	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,458	1,804,433	0	1,804,433	52.00
53.00	05300	ANESTHESIOLOGY	17,299	351,084	0	351,084	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,404	4,197,142	0	4,197,142	54.00
54.02	03630	ULTRA SOUND	23,128	1,071,319	0	1,071,319	54.02
57.00	05700	CT SCAN	126,402	1,304,729	0	1,304,729	57.00
58.00	05800	MRI	14,588	484,141	0	484,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	139,019	2,890,669	0	2,890,669	59.00
60.00	06000	LABORATORY	131,107	6,894,556	0	6,894,556	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,452	722,469	0	722,469	63.00
65.00	06500	RESPIRATORY THERAPY	27,629	1,898,258	0	1,898,258	65.00
66.00	06600	PHYSICAL THERAPY	16,073	822,537	0	822,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,330	513,682	0	513,682	67.00
68.00	06800	SPEECH PATHOLOGY	2,419	658,842	0	658,842	68.00
69.00	06900	ELECTROCARDIOLOGY	47,702	1,225,256	0	1,225,256	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	100,332	13,532,931	0	13,532,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,812	7,782,549	0	7,782,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,046	6,111,966	0	6,111,966	73.00
74.00	07400	RENAL DIALYSIS	6,246	897,857	0	897,857	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,442	1,637,219	0	1,637,219	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,691	646,453	0	646,453	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	157,111	40,985,611	0	40,985,611	90.02
91.00	09100	EMERGENCY	211,506	9,518,339	0	9,518,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,050,826	165,530,258	0	165,530,258	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,133	0	33,133	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	811,118	0	811,118	192.01
193.01	19301	MASSAGE THERAPY	0	37,293	0	37,293	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	96,875	0	96,875	193.03
193.04	19304	FOUNDATION	0	54,677	0	54,677	193.04
193.05	19305	LEASED BLDG	0	37,943	0	37,943	193.05
193.07	19307	PARISH NURSING	0	222,071	0	222,071	193.07
194.00	07950	OP PHARMACY	0	1,452,649	0	1,452,649	194.00
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)	2,050,826	168,276,017	0	168,276,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	46,453	20,971	67,424	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	531,074	239,754	770,828	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,607,693	725,797	2,333,490	6.00
7.00	00700	OPERATION OF PLANT	0	13,810	6,234	20,044	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,773	3,509	11,282	8.00
9.00	00900	HOUSEKEEPING	0	107,552	48,555	156,107	9.00
10.00	01000	DIETARY	0	112,264	50,682	162,946	10.00
11.00	01100	CAFETERIA	0	83,607	37,745	121,352	11.00
13.00	01300	NURSING ADMINISTRATION	0	57,050	25,755	82,805	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	183,048	82,638	265,686	14.00
15.00	01500	PHARMACY	0	133,884	60,442	194,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	116,550	52,617	169,167	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	963,657	435,045	1,398,702	30.00
31.00	03100	INTENSIVE CARE UNIT	0	240,799	108,709	349,508	31.00
40.00	04000	SUBPROVIDER - IPF	0	423,147	191,031	614,178	40.00
43.00	04300	NURSERY	0	77,908	35,172	113,080	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	359,698	162,386	522,084	50.00
51.00	05100	RECOVERY ROOM	0	283,040	127,779	410,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	94,242	42,546	136,788	52.00
53.00	05300	ANESTHESIOLOGY	0	7,911	3,571	11,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	153,280	69,198	222,478	54.00
54.02	03630	ULTRA SOUND	0	35,705	16,119	51,824	54.02
57.00	05700	CT SCAN	0	17,659	7,972	25,631	57.00
58.00	05800	MRI	0	31,931	14,415	46,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,954	18,489	59,443	59.00
60.00	06000	LABORATORY	0	8,223	3,712	11,935	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,736	3,041	9,777	63.00
65.00	06500	RESPIRATORY THERAPY	0	25,120	11,340	36,460	65.00
66.00	06600	PHYSICAL THERAPY	0	1,712	773	2,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,600	722	2,322	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,862	1,743	5,605	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,554	18,308	58,862	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,549	2,956	9,505	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	119,000	53,723	172,723	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	35,105	15,848	50,953	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	202,744	91,529	294,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,181,894	2,790,826	8,972,720	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	5,974	2,697	8,671	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	8,711	3,932	12,643	193.04
193.05	19305	LEASED BLDG	0	5,311	2,398	7,709	193.05
193.07	19307	PARISH NURSING	0	3,562	1,608	5,170	193.07
194.00	07950	OP PHARMACY	0	0	0	0	194.00
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)	0	6,205,452	2,801,461	9,006,913	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
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	776,687					5.00
6.00	00600	MAINTENANCE & REPAIRS	26,094	2,359,584				6.00
7.00	00700	OPERATION OF PLANT	38,042	8,105	67,992			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,497	4,562	132	18,504		8.00
9.00	00900	HOUSEKEEPING	15,002	63,125	1,825	0	237,098	9.00
10.00	01000	DIETARY	9,415	65,891	1,905	0	6,841	10.00
11.00	01100	CAFETERIA	4,638	49,071	1,419	0	5,094	11.00
13.00	01300	NURSING ADMINISTRATION	16,519	33,484	968	0	3,476	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,914	107,436	3,106	0	11,154	14.00
15.00	01500	PHARMACY	16,826	78,580	2,272	0	8,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,099	68,406	1,978	0	7,102	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,393	565,600	16,356	11,232	58,718	30.00
31.00	03100	INTENSIVE CARE UNIT	25,497	141,331	4,087	1,652	14,673	31.00
40.00	04000	SUBPROVIDER - IPF	35,346	248,357	7,181	5,419	25,784	40.00
43.00	04300	NURSERY	5,782	45,727	1,322	201	4,747	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,397	211,117	6,104	0	21,918	50.00
51.00	05100	RECOVERY ROOM	12,270	166,124	4,803	0	17,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,943	55,313	1,599	0	5,743	52.00
53.00	05300	ANESTHESIOLOGY	1,352	4,643	134	0	482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,644	89,964	2,601	0	9,340	54.00
54.02	03630	ULTRA SOUND	4,112	20,956	606	0	2,176	54.02
57.00	05700	CT SCAN	4,990	10,364	300	0	1,076	57.00
58.00	05800	MRI	1,507	18,741	542	0	1,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,627	24,037	695	0	2,495	59.00
60.00	06000	LABORATORY	30,848	4,826	140	0	501	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,177	3,954	114	0	410	63.00
65.00	06500	RESPIRATORY THERAPY	8,115	14,743	426	0	1,531	65.00
66.00	06600	PHYSICAL THERAPY	3,670	1,005	29	0	104	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,318	939	27	0	97	67.00
68.00	06800	SPEECH PATHOLOGY	2,950	2,267	66	0	235	68.00
69.00	06900	ELECTROCARDIOLOGY	4,455	23,802	688	0	2,471	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,715	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,866	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,410	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,939	3,844	111	0	399	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,970	69,844	2,020	0	7,251	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,115	20,604	596	0	2,139	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	171,444	0	0	0	0	90.02
91.00	09100	EMERGENCY	35,615	118,996	3,441	0	12,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	764,513	2,345,758	67,593	18,504	235,662	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	145	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	3,734	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	51	3,506	101	0	364	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	447	0	0	0	0	193.03
193.04	19304	FOUNDATION	75	5,113	148	0	531	193.04
193.05	19305	LEASED BLDG	67	3,117	90	0	324	193.05
193.07	19307	PARISH NURSING	953	2,090	60	0	217	193.07
194.00	07950	OP PHARMACY	6,702	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	776,687	2,359,584	67,992	18,504	237,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	247,646					10.00
11.00	01100	CAFETERIA	0	182,056				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	140,361			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	399,696		14.00
15.00	01500	PHARMACY	0	0	0	997	304,187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,597	117,327	56,375	9,772	1,097	30.00
31.00	03100	INTENSIVE CARE UNIT	11,644	8,560	16,863	5,165	274	31.00
40.00	04000	SUBPROVIDER - IPF	76,405	56,169	18,937	1,272	5	40.00
43.00	04300	NURSERY	0	0	3,790	278	52	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,235	323	637	50.00
51.00	05100	RECOVERY ROOM	0	0	5,846	3,212	399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,519	268	37	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	285	262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	60	8,523	233	54.00
54.02	03630	ULTRA SOUND	0	0	0	15	0	54.02
57.00	05700	CT SCAN	0	0	0	146	1,313	57.00
58.00	05800	MRI	0	0	0	45	153	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6	125	3,679	59.00
60.00	06000	LABORATORY	0	0	1,500	353	4	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	226	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	441	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	25	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	673	208	993	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	211,875	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	121,752	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	52,693	73.00
74.00	07400	RENAL DIALYSIS	0	0	186	11	297	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,031	54	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,036	98	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	6,919	16,972	240,021	90.02
91.00	09100	EMERGENCY	0	0	19,363	16,763	2,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,646	182,056	140,339	399,220	304,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	210	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	22	185	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	2	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	79	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	247,646	182,056	140,361	399,696	304,187	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
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
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	253,752				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,310	2,525,849	0	2,525,849	30.00
31.00	03100	INTENSIVE CARE UNIT	6,367	589,564	0	589,564	31.00
40.00	04000	SUBPROVIDER - IPF	7,990	1,103,236	0	1,103,236	40.00
43.00	04300	NURSERY	477	176,452	0	176,452	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,906	813,165	0	813,165	50.00
51.00	05100	RECOVERY ROOM	7,705	630,201	0	630,201	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	428	210,676	0	210,676	52.00
53.00	05300	ANESTHESIOLOGY	2,142	20,905	0	20,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,983	358,150	0	358,150	54.00
54.02	03630	ULTRA SOUND	2,863	83,207	0	83,207	54.02
57.00	05700	CT SCAN	15,648	60,321	0	60,321	57.00
58.00	05800	MRI	1,806	71,316	0	71,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,210	121,160	0	121,160	59.00
60.00	06000	LABORATORY	16,230	66,691	0	66,691	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	551	17,983	0	17,983	63.00
65.00	06500	RESPIRATORY THERAPY	3,420	66,354	0	66,354	65.00
66.00	06600	PHYSICAL THERAPY	1,990	9,724	0	9,724	66.00
67.00	06700	OCCUPATIONAL THERAPY	536	6,255	0	6,255	67.00
68.00	06800	SPEECH PATHOLOGY	299	11,447	0	11,447	68.00
69.00	06900	ELECTROCARDIOLOGY	5,905	98,707	0	98,707	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,421	278,011	0	278,011	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,900	160,518	0	160,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,634	113,737	0	113,737	73.00
74.00	07400	RENAL DIALYSIS	773	19,100	0	19,100	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,045	259,706	0	259,706	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	581	78,459	0	78,459	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	19,449	458,071	0	458,071	90.02
91.00	09100	EMERGENCY	26,183	534,363	0	534,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,752	8,943,328	0	8,943,328	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	355	0	355	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	4,376	0	4,376	192.01
193.01	19301	MASSAGE THERAPY	0	12,693	0	12,693	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	528	0	528	193.03
193.04	19304	FOUNDATION	0	18,512	0	18,512	193.04
193.05	19305	LEASED BLDG	0	11,307	0	11,307	193.05
193.07	19307	PARISH NURSING	0	8,671	0	8,671	193.07
194.00	07950	OP PHARMACY	0	7,143	0	7,143	194.00
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)	253,752	9,006,913	0	9,006,913	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	496,542					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		496,542				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	46,251,692			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,495	42,495	4,018,373	-35,777,251	132,498,766	5.00
6.00	00600	MAINTENANCE & REPAIRS	128,643	128,643	0	0	4,451,358	6.00
7.00	00700	OPERATION OF PLANT	1,105	1,105	1,235,314	0	6,489,649	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	21,054	0	426,011	8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	712,513	0	2,559,199	9.00
10.00	01000	DIETARY	8,983	8,983	444,368	0	1,606,060	10.00
11.00	01100	CAFETERIA	6,690	6,690	330,913	0	791,223	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	2,132,059	0	2,817,995	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	274,320	0	2,032,400	14.00
15.00	01500	PHARMACY	10,713	10,713	2,077,134	0	2,870,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	0	1,211,062	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,109	77,109	10,549,514	0	15,249,528	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	2,704,176	0	4,349,515	31.00
40.00	04000	SUBPROVIDER - IPF	33,859	33,859	4,247,659	0	6,029,663	40.00
43.00	04300	NURSERY	6,234	6,234	683,353	0	986,346	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	1,676,541	0	3,650,061	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	1,218,191	0	2,093,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541	7,541	711,846	0	1,013,823	52.00
53.00	05300	ANESTHESIOLOGY	633	633	84,267	0	230,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	1,593,669	0	2,668,692	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	449,362	0	701,549	54.02
57.00	05700	CT SCAN	1,413	1,413	585,262	0	851,238	57.00
58.00	05800	MRI	2,555	2,555	157,833	0	257,130	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	1,263,868	0	1,983,381	59.00
60.00	06000	LABORATORY	658	658	242,901	0	5,262,363	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	542,025	63.00
65.00	06500	RESPIRATORY THERAPY	2,010	2,010	982,746	0	1,384,388	65.00
66.00	06600	PHYSICAL THERAPY	137	137	0	0	626,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	0	0	395,413	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	0	0	503,318	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	446,064	0	759,963	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,163,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,265,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,993,601	73.00
74.00	07400	RENAL DIALYSIS	524	524	24,175	0	672,038	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,522	9,522	526,739	0	847,756	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	231,041	0	360,804	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	2,240,034	0	29,250,052	90.02
91.00	09100	EMERGENCY	16,223	16,223	3,660,647	0	6,075,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	494,657	494,657	45,525,936	-35,777,251	130,422,037	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	24,686	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	298,167	0	636,960	192.01
193.01	19301	MASSAGE THERAPY	478	478	0	0	8,671	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	55,277	0	76,278	193.03
193.04	19304	FOUNDATION	697	697	0	0	12,863	193.04
193.05	19305	LEASED BLDG	425	425	0	0	11,477	193.05
193.07	19307	PARISH NURSING	285	285	123,911	0	162,518	193.07
194.00	07950	OP PHARMACY	0	0	248,401	0	1,143,276	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	6,205,452	2,801,461	1,369,156		35,777,251	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.497336	5.641942	0.029602		0.270020	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			67,424		776,687	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001458		0.005862	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 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	321,687					6.00
7.00	00700	OPERATION OF PLANT	1,105	320,582				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	35,966			8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	0	311,354		9.00
10.00	01000	DIETARY	8,983	8,983	0	8,983	85,351	10.00
11.00	01100	CAFETERIA	6,690	6,690	0	6,690	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	0	4,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	0	14,647	0	14.00
15.00	01500	PHARMACY	10,713	10,713	0	10,713	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,109	77,109	21,832	77,109	55,005	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	3,210	19,268	4,013	31.00
40.00	04000	SUBPROVIDER - IPF	33,859	33,859	10,533	33,859	26,333	40.00
43.00	04300	NURSERY	6,234	6,234	391	6,234	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	0	28,782	0	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	0	22,648	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541	7,541	0	7,541	0	52.00
53.00	05300	ANESTHESIOLOGY	633	633	0	633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	0	12,265	0	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	0	2,857	0	54.02
57.00	05700	CT SCAN	1,413	1,413	0	1,413	0	57.00
58.00	05800	MRI	2,555	2,555	0	2,555	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	0	3,277	0	59.00
60.00	06000	LABORATORY	658	658	0	658	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	539	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,010	2,010	0	2,010	0	65.00
66.00	06600	PHYSICAL THERAPY	137	137	0	137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	0	128	0	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	0	309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	0	3,245	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	524	524	0	524	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,522	9,522	0	9,522	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	0	2,809	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	16,223	16,223	0	16,223	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,802	318,697	35,966	309,469	85,351	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	478	478	0	478	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	697	697	0	697	0	193.04
193.05	19305	LEASED BLDG	425	425	0	425	0	193.05
193.07	19307	PARISH NURSING	285	285	0	285	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,653,314	8,261,403	568,002	3,623,252	2,533,623	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.573959	25.770015	15.792749	11.637082	29.684749	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,359,584	67,992	18,504	237,098	247,646	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 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	
205.00		Unit cost multiplier (Wkst. B, Part II)	7.335031	0.212089	0.514486	0.761506	2.901501	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	85,351					11.00
13.00	01300	NURSING ADMINISTRATION	0	480,462				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,285,888			14.00
15.00	01500	PHARMACY	0	0	43,129	21,571,908		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,098,978,831	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,005	192,982	422,591	77,812	113,896,015	30.00
31.00	03100	INTENSIVE CARE UNIT	4,013	57,722	223,367	19,430	27,564,921	31.00
40.00	04000	SUBPROVIDER - IPF	26,333	64,823	55,025	349	34,588,248	40.00
43.00	04300	NURSERY	0	12,973	12,010	3,675	2,065,298	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,497	13,950	45,154	99,158,941	50.00
51.00	05100	RECOVERY ROOM	0	20,011	138,927	28,281	33,353,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,044	11,575	2,612	1,852,968	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,306	18,582	9,270,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	206	368,613	16,502	30,227,481	54.00
54.02	03630	ULTRA SOUND	0	0	661	0	12,394,433	54.02
57.00	05700	CT SCAN	0	0	6,303	93,120	67,739,429	57.00
58.00	05800	MRI	0	0	1,954	10,852	7,817,765	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21	5,403	260,916	74,501,161	59.00
60.00	06000	LABORATORY	0	5,133	15,266	290	70,260,752	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,385,721	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	9,782	0	14,806,603	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,082	0	8,613,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	673	0	2,320,546	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,071	0	1,296,197	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,303	8,982	70,446	25,563,532	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,163,186	0	53,768,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,265,416	0	34,197,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,736,831	163,406,716	73.00
74.00	07400	RENAL DIALYSIS	0	636	477	21,028	3,347,087	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,528	2,338	0	4,523,985	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,545	4,257	0	2,513,733	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	23,684	733,994	17,021,503	84,196,905	90.02
91.00	09100	EMERGENCY	0	66,279	724,960	144,525	113,347,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,351	480,387	17,265,298	21,571,908	1,098,978,831	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,089	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	75	8,003	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	97	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	3,401	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,372,692	3,829,898	3,386,496	4,242,804	2,050,826	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.082905	7.971282	0.195911	0.196682	0.001866	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	182,056	140,361	399,696	304,187	253,752	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.133027	0.292138	0.023123	0.014101	0.000231	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:19 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	28,317,918	28,317,918	3,427	28,321,345
31.00	03100	INTENSIVE CARE UNIT	7,376,843	7,376,843	16,468	7,393,311
40.00	04000	SUBPROVIDER - IPF	11,483,054	11,483,054	7,847	11,490,901
43.00	04300	NURSERY	1,711,947	1,711,947	0	1,711,947
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,530,320	6,530,320	0	6,530,320
51.00	05100	RECOVERY ROOM	4,158,134	4,158,134	0	4,158,134
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,804,433	1,804,433	0	1,804,433
53.00	05300	ANESTHESIOLOGY	351,084	351,084	4,059	355,143
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,197,142	4,197,142	0	4,197,142
54.02	03630	ULTRA SOUND	1,071,319	1,071,319	0	1,071,319
57.00	05700	CT SCAN	1,304,729	1,304,729	0	1,304,729
58.00	05800	MRI	484,141	484,141	0	484,141
59.00	05900	CARDIAC CATHETERIZATION	2,890,669	2,890,669	0	2,890,669
60.00	06000	LABORATORY	6,894,556	6,894,556	4,786	6,899,342
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	722,469	722,469	0	722,469
65.00	06500	RESPIRATORY THERAPY	1,898,258	1,898,258	0	1,898,258
66.00	06600	PHYSICAL THERAPY	822,537	822,537	0	822,537
67.00	06700	OCCUPATIONAL THERAPY	513,682	513,682	0	513,682
68.00	06800	SPEECH PATHOLOGY	658,842	658,842	0	658,842
69.00	06900	ELECTROCARDIOLOGY	1,225,256	1,225,256	570	1,225,826
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,532,931	13,532,931	0	13,532,931
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,782,549	7,782,549	0	7,782,549
73.00	07300	DRUGS CHARGED TO PATIENTS	6,111,966	6,111,966	0	6,111,966
74.00	07400	RENAL DIALYSIS	897,857	897,857	0	897,857
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,637,219	1,637,219	3,998	1,641,217
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	646,453	646,453	0	646,453
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0
90.02	09002	PRCC	40,985,611	40,985,611	4,637	40,990,248
91.00	09100	EMERGENCY	9,518,339	9,518,339	14,287	9,532,626
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,206,180	4,206,180	0	4,206,180
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	169,736,438	169,736,438	60,079	169,796,517
201.00		Less Observation Beds	4,206,180	4,206,180	0	4,206,180
202.00		Total (see instructions)	165,530,258	165,530,258	60,079	165,590,337

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:19 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		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	88,433,628		88,433,628		30.00
31.00	03100	INTENSIVE CARE UNIT	27,564,921		27,564,921		31.00
40.00	04000	SUBPROVIDER - IPF	34,588,248		34,588,248		40.00
43.00	04300	NURSERY	2,065,298		2,065,298		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,752,984	48,405,957	99,158,941	0.065857	50.00
51.00	05100	RECOVERY ROOM	11,854,094	21,499,023	33,353,117	0.124670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,238,307	614,661	1,852,968	0.073807	52.00
53.00	05300	ANESTHESIOLOGY	3,414,192	5,856,438	9,270,630	0.037871	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,718,937	22,508,544	30,227,481	0.138852	54.00
54.02	03630	ULTRA SOUND	3,212,714	9,181,719	12,394,433	0.086435	54.02
57.00	05700	CT SCAN	17,894,624	49,844,805	67,739,429	0.019261	57.00
58.00	05800	MRI	2,243,347	5,574,418	7,817,765	0.061928	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,905,241	52,595,920	74,501,161	0.038800	59.00
60.00	06000	LABORATORY	33,314,704	36,946,048	70,260,752	0.098128	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,821,370	564,351	2,385,721	0.302830	63.00
65.00	06500	RESPIRATORY THERAPY	11,624,044	3,182,559	14,806,603	0.128203	65.00
66.00	06600	PHYSICAL THERAPY	3,606,727	5,006,850	8,613,577	0.095493	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,391,117	929,429	2,320,546	0.221363	67.00
68.00	06800	SPEECH PATHOLOGY	556,322	739,875	1,296,197	0.508288	68.00
69.00	06900	ELECTROCARDIOLOGY	11,193,254	14,370,278	25,563,532	0.047930	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,014,418	34,754,141	53,768,559	0.251689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,928,067	19,269,059	34,197,126	0.227579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,966,918	109,439,798	163,406,716	0.037403	73.00
74.00	07400	RENAL DIALYSIS	3,138,756	208,331	3,347,087	0.268250	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,392	4,522,593	4,523,985	0.361898	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,339	2,510,394	2,513,733	0.257169	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	90.01
90.02	09002	PRCC	14,489	84,182,416	84,196,905	0.486783	90.02
91.00	09100	EMERGENCY	26,889,792	86,457,593	113,347,385	0.083975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,303,313	19,159,074	25,462,387	0.165192	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	460,654,557	638,324,274	1,098,978,831		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	460,654,557	638,324,274	1,098,978,831		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 12:19 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.065857		50.00
51.00	05100	RECOVERY ROOM	0.124670		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.973807		52.00
53.00	05300	ANESTHESIOLOGY	0.038308		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138852		54.00
54.02	03630	ULTRA SOUND	0.086435		54.02
57.00	05700	CT SCAN	0.019261		57.00
58.00	05800	MRI	0.061928		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038800		59.00
60.00	06000	LABORATORY	0.098196		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302830		63.00
65.00	06500	RESPIRATORY THERAPY	0.128203		65.00
66.00	06600	PHYSICAL THERAPY	0.095493		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221363		67.00
68.00	06800	SPEECH PATHOLOGY	0.508288		68.00
69.00	06900	ELECTROCARDIOLOGY	0.047952		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251689		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227579		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.037403		73.00
74.00	07400	RENAL DIALYSIS	0.268250		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.362781		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.257169		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.486838		90.02
91.00	09100	EMERGENCY	0.084101		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.165192		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:19 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	28,317,918		28,317,918	3,427	28,321,345	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,376,843		7,376,843	16,468	7,393,311	31.00	
40.00	04000	SUBPROVIDER - IPF	11,483,054		11,483,054	7,847	11,490,901	40.00	
43.00	04300	NURSERY	1,711,947		1,711,947	0	1,711,947	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,530,320		6,530,320	0	6,530,320	50.00	
51.00	05100	RECOVERY ROOM	4,158,134		4,158,134	0	4,158,134	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,804,433		1,804,433	0	1,804,433	52.00	
53.00	05300	ANESTHESIOLOGY	351,084		351,084	4,059	355,143	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,197,142		4,197,142	0	4,197,142	54.00	
54.02	03630	ULTRA SOUND	1,071,319		1,071,319	0	1,071,319	54.02	
57.00	05700	CT SCAN	1,304,729		1,304,729	0	1,304,729	57.00	
58.00	05800	MRI	484,141		484,141	0	484,141	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,890,669		2,890,669	0	2,890,669	59.00	
60.00	06000	LABORATORY	6,894,556		6,894,556	4,786	6,899,342	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	722,469		722,469	0	722,469	63.00	
65.00	06500	RESPIRATORY THERAPY	1,898,258	0	1,898,258	0	1,898,258	65.00	
66.00	06600	PHYSICAL THERAPY	822,537	0	822,537	0	822,537	66.00	
67.00	06700	OCCUPATIONAL THERAPY	513,682	0	513,682	0	513,682	67.00	
68.00	06800	SPEECH PATHOLOGY	658,842	0	658,842	0	658,842	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,225,256		1,225,256	570	1,225,826	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0		0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,532,931		13,532,931	0	13,532,931	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,782,549		7,782,549	0	7,782,549	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	6,111,966		6,111,966	0	6,111,966	73.00	
74.00	07400	RENAL DIALYSIS	897,857		897,857	0	897,857	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,637,219		1,637,219	3,998	1,641,217	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	646,453		646,453	0	646,453	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	90.01	
90.02	09002	PRCC	40,985,611		40,985,611	4,637	40,990,248	90.02	
91.00	09100	EMERGENCY	9,518,339		9,518,339	14,287	9,532,626	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,206,180		4,206,180		4,206,180	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	169,736,438	0	169,736,438	60,079	169,796,517	200.00	
201.00		Less Observation Beds	4,206,180		4,206,180		4,206,180	201.00	
202.00		Total (see instructions)	165,530,258	0	165,530,258	60,079	165,590,337	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 12:19 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	88,433,628		88,433,628			30.00
31.00	03100	INTENSIVE CARE UNIT	27,564,921		27,564,921			31.00
40.00	04000	SUBPROVIDER - IPF	34,588,248		34,588,248			40.00
43.00	04300	NURSERY	2,065,298		2,065,298			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,752,984	48,405,957	99,158,941	0.065857	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,854,094	21,499,023	33,353,117	0.124670	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,238,307	614,661	1,852,968	0.973807	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,414,192	5,856,438	9,270,630	0.037871	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,718,937	22,508,544	30,227,481	0.138852	0.000000	54.00
54.02	03630	ULTRA SOUND	3,212,714	9,181,719	12,394,433	0.086435	0.000000	54.02
57.00	05700	CT SCAN	17,894,624	49,844,805	67,739,429	0.019261	0.000000	57.00
58.00	05800	MRI	2,243,347	5,574,418	7,817,765	0.061928	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,905,241	52,595,920	74,501,161	0.038800	0.000000	59.00
60.00	06000	LABORATORY	33,314,704	36,946,048	70,260,752	0.098128	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,821,370	564,351	2,385,721	0.302830	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	11,624,044	3,182,559	14,806,603	0.128203	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,606,727	5,006,850	8,613,577	0.095493	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,391,117	929,429	2,320,546	0.221363	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	556,322	739,875	1,296,197	0.508288	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,193,254	14,370,278	25,563,532	0.047930	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,014,418	34,754,141	53,768,559	0.251689	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,928,067	19,269,059	34,197,126	0.227579	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,966,918	109,439,798	163,406,716	0.037403	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,138,756	208,331	3,347,087	0.268250	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,392	4,522,593	4,523,985	0.361898	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,339	2,510,394	2,513,733	0.257169	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000	90.01
90.02	09002	PRCC	14,489	84,182,416	84,196,905	0.486783	0.000000	90.02
91.00	09100	EMERGENCY	26,889,792	86,457,593	113,347,385	0.083975	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,303,313	19,159,074	25,462,387	0.165192	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	460,654,557	638,324,274	1,098,978,831			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	460,654,557	638,324,274	1,098,978,831			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 12:19 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630	ULTRA SOUND	0.000000		54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 12:19 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	2,525,849	0	2,525,849	25,519	98.98	30.00	
31.00	INTENSIVE CARE UNIT	589,564		589,564	3,210	183.66	31.00	
40.00	SUBPROVIDER - IPF	1,103,236	0	1,103,236	10,533	104.74	40.00	
43.00	NURSERY	176,452		176,452	391	451.28	43.00	
200.00	Total (lines 30 through 199)	4,395,101		4,395,101	39,653		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,911	684,051					30.00
31.00	INTENSIVE CARE UNIT	1,041	191,190					31.00
40.00	SUBPROVIDER - IPF	1,973	206,652					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	9,925	1,081,893					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 12:19 pm

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	813,165	99,158,941	0.008201	19,230,225	157,707	50.00
51.00	05100 RECOVERY ROOM	630,201	33,353,117	0.018895	3,955,356	74,736	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	210,676	1,852,968	0.113697	6,466	735	52.00
53.00	05300 ANESTHESIOLOGY	20,905	9,270,630	0.002255	1,141,150	2,573	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	358,150	30,227,481	0.011848	3,400,541	40,290	54.00
54.02	03630 ULTRA SOUND	83,207	12,394,433	0.006713	1,230,756	8,262	54.02
57.00	05700 CT SCAN	60,321	67,739,429	0.000890	7,576,221	6,743	57.00
58.00	05800 MRI	71,316	7,817,765	0.009122	827,065	7,544	58.00
59.00	05900 CARDIAC CATHETERIZATION	121,160	74,501,161	0.001626	7,624,251	12,397	59.00
60.00	06000 LABORATORY	66,691	70,260,752	0.000949	11,819,501	11,217	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	17,983	2,385,721	0.007538	796,176	6,002	63.00
65.00	06500 RESPIRATORY THERAPY	66,354	14,806,603	0.004481	4,585,727	20,549	65.00
66.00	06600 PHYSICAL THERAPY	9,724	8,613,577	0.001129	1,727,143	1,950	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,255	2,320,546	0.002695	695,264	1,874	67.00
68.00	06800 SPEECH PATHOLOGY	11,447	1,296,197	0.008831	296,707	2,620	68.00
69.00	06900 ELECTROCARDIOLOGY	98,707	25,563,532	0.003861	4,829,375	18,646	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	278,011	53,768,559	0.005171	7,495,371	38,759	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	160,518	34,197,126	0.004694	6,255,340	29,363	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	113,737	163,406,716	0.000696	17,989,209	12,520	73.00
74.00	07400 RENAL DIALYSIS	19,100	3,347,087	0.005706	1,830,596	10,445	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	259,706	4,523,985	0.057406	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	78,459	2,513,733	0.031212	553	17	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
90.02	09002 PRCC	458,071	84,196,905	0.005440	14,046	76	90.02
91.00	09100 EMERGENCY	534,363	113,347,385	0.004714	9,930,908	46,814	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	375,128	25,462,387	0.014733	2,440,913	35,962	92.00
200.00	Total (lines 50 through 199)	4,923,355	946,326,736		115,698,860	547,801	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 12:19 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
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
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	25,519	0.00	6,911	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	3,210	0.00	1,041	31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	10,533	0.00	1,973	40.00	
43.00	04300	NURSERY		0	0	391	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	0	39,653		9,925	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
40.00	04000	SUBPROVIDER - IPF		0						40.00
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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 12:19 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0 54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0 90.01
90.02	09002	PRCC	0	0	0	0	0 90.02
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
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: 14-0174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:19 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	99,158,941	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	33,353,117	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,852,968	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,270,630	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,227,481	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	12,394,433	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	67,739,429	0.000000	57.00
58.00	05800	MRI	0	0	0	7,817,765	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	74,501,161	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	70,260,752	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,385,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,806,603	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,613,577	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,320,546	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,296,197	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,563,532	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,768,559	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,197,126	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,406,716	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,347,087	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,523,985	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,513,733	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	84,196,905	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	113,347,385	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,462,387	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	946,326,736		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 12:19 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	19,230,225	0	10,174,596	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,955,356	0	4,599,390	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	6,466	0	5,284	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,141,150	0	1,493,524	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,400,541	0	3,750,112	0	54.00
54.02	03630	ULTRA SOUND	0.000000	1,230,756	0	955,114	0	54.02
57.00	05700	CT SCAN	0.000000	7,576,221	0	8,903,034	0	57.00
58.00	05800	MRI	0.000000	827,065	0	1,297,257	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,624,251	0	19,084,871	0	59.00
60.00	06000	LABORATORY	0.000000	11,819,501	0	4,862,641	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	796,176	0	131,096	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,585,727	0	413,101	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,727,143	0	83,091	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	695,264	0	36,180	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	296,707	0	12,271	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,829,375	0	3,068,887	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,495,371	0	11,756,985	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,255,340	0	7,306,903	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,989,209	0	41,960,372	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,830,596	0	96,777	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	148,664	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	553	0	880,247	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.000000	14,046	0	31,830,812	0	90.02
91.00	09100	EMERGENCY	0.000000	9,930,908	0	11,566,168	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,440,913	0	4,162,802	0	92.00
200.00		Total (lines 50 through 199)		115,698,860	0	168,580,179	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 12:19 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		0.065857	10,174,596	0	0	670,068	50.00
51.00	05100	RECOVERY ROOM		0.124670	4,599,390	0	0	573,406	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.973807	5,284	0	0	5,146	52.00
53.00	05300	ANESTHESIOLOGY		0.037871	1,493,524	0	0	56,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.138852	3,750,112	0	0	520,711	54.00
54.02	03630	ULTRA SOUND		0.086435	955,114	0	0	82,555	54.02
57.00	05700	CT SCAN		0.019261	8,903,034	0	0	171,481	57.00
58.00	05800	MRI		0.061928	1,297,257	0	0	80,337	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.038800	19,084,871	0	0	740,493	59.00
60.00	06000	LABORATORY		0.098128	4,862,641	0	0	477,161	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.302830	131,096	0	0	39,700	63.00
65.00	06500	RESPIRATORY THERAPY		0.128203	413,101	0	0	52,961	65.00
66.00	06600	PHYSICAL THERAPY		0.095493	83,091	0	0	7,935	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.221363	36,180	0	0	8,009	67.00
68.00	06800	SPEECH PATHOLOGY		0.508288	12,271	0	0	6,237	68.00
69.00	06900	ELECTROCARDIOLOGY		0.047930	3,068,887	0	0	147,092	69.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.251689	11,756,985	0	0	2,959,104	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.227579	7,306,903	0	0	1,662,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.037403	41,960,372	0	84,851	1,569,444	73.00
74.00	07400	RENAL DIALYSIS		0.268250	96,777	0	0	25,960	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.361898	148,664	0	0	53,801	75.01
76.00	03950	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.257169	880,247	0	0	226,372	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES		0.000000	0	0	0	0	90.01
90.02	09002	PRCC		0.486783	31,830,812	0	0	15,494,698	90.02
91.00	09100	EMERGENCY		0.083975	11,566,168	0	0	971,269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.165192	4,162,802	0	0	687,662	92.00
200.00		Subtotal (see instructions)			168,580,179	0	84,851	27,291,061	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			168,580,179	0	84,851	27,291,061	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/26/2019 12:19 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		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03630	ULTRA SOUND	0	0		54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,174		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0		90.01
90.02	09002	PRCC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	3,174		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	0	3,174		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:

Worksheet D

Component CCN: 14-S174

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/26/2019 12:19 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	813,165	99,158,941	0.008201	0	0	50.00
51.00	05100	RECOVERY ROOM	630,201	33,353,117	0.018895	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210,676	1,852,968	0.113697	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,905	9,270,630	0.002255	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358,150	30,227,481	0.011848	23,785	282	54.00
54.02	03630	ULTRA SOUND	83,207	12,394,433	0.006713	4,613	31	54.02
57.00	05700	CT SCAN	60,321	67,739,429	0.000890	92,469	82	57.00
58.00	05800	MRI	71,316	7,817,765	0.009122	4,482	41	58.00
59.00	05900	CARDIAC CATHETERIZATION	121,160	74,501,161	0.001626	0	0	59.00
60.00	06000	LABORATORY	66,691	70,260,752	0.000949	283,694	269	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,983	2,385,721	0.007538	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	66,354	14,806,603	0.004481	942	4	65.00
66.00	06600	PHYSICAL THERAPY	9,724	8,613,577	0.001129	23,456	26	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,255	2,320,546	0.002695	713	2	67.00
68.00	06800	SPEECH PATHOLOGY	11,447	1,296,197	0.008831	3,929	35	68.00
69.00	06900	ELECTROCARDIOLOGY	98,707	25,563,532	0.003861	17,445	67	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	278,011	53,768,559	0.005171	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,518	34,197,126	0.004694	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,737	163,406,716	0.000696	1,188,210	827	73.00
74.00	07400	RENAL DIALYSIS	19,100	3,347,087	0.005706	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	259,706	4,523,985	0.057406	696	40	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	78,459	2,513,733	0.031212	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
90.02	09002	PRCC	458,071	84,196,905	0.005440	0	0	90.02
91.00	09100	EMERGENCY	534,363	113,347,385	0.004714	210,877	994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,462,387	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,548,227	946,326,736		1,855,311	2,700	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:19 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
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
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: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:19 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	99,158,941	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	33,353,117	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,852,968	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,270,630	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,227,481	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	12,394,433	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	67,739,429	0.000000	57.00
58.00	05800	MRI	0	0	0	7,817,765	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	74,501,161	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	70,260,752	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,385,721	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,806,603	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,613,577	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,320,546	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,296,197	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,563,532	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	53,768,559	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,197,126	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,406,716	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,347,087	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,523,985	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,513,733	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	84,196,905	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	113,347,385	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,462,387	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	946,326,736		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 12:19 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	0	50.00
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	23,785	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0.000000	4,613	0	0	0	0	54.02
57.00	05700	CT SCAN	0.000000	92,469	0	0	2,808	0	57.00
58.00	05800	MRI	0.000000	4,482	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	283,694	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	942	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	23,456	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	713	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	3,929	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	17,445	0	0	424	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	70.01
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	1,188,210	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	696	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	0	90.01
90.02	09002	PRCC	0.000000	0	0	0	480	0	90.02
91.00	09100	EMERGENCY	0.000000	210,877	0	0	680	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,855,311	0	4,392	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 12:19 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.065857	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.124670	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.973807	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.037871	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138852	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0.086435	0	0	0	0	54.02
57.00	05700	CT SCAN	0.019261	2,808	0	0	54	57.00
58.00	05800	MRI	0.061928	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038800	0	0	0	0	59.00
60.00	06000	LABORATORY	0.098128	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302830	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.128203	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.095493	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221363	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.508288	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047930	424	0	0	20	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251689	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227579	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.037403	0	0	1,486	0	73.00
74.00	07400	RENAL DIALYSIS	0.268250	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.361898	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.257169	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.486783	480	0	0	234	90.02
91.00	09100	EMERGENCY	0.083975	680	0	0	57	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.165192	0	0	0	0	92.00
200.00		Subtotal (see instructions)		4,392	0	1,486	365	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		4,392	0	1,486	365	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 12:19 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Costs							
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
	6.00	7.00						
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0			50.00	
51.00	05100	RECOVERY ROOM	0	0			51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00	
53.00	05300	ANESTHESIOLOGY	0	0			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00	
54.02	03630	ULTRA SOUND	0	0			54.02	
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	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00	
65.00	06500	RESPIRATORY THERAPY	0	0			65.00	
66.00	06600	PHYSICAL THERAPY	0	0			66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00	
68.00	06800	SPEECH PATHOLOGY	0	0			68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0			70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56			73.00	
74.00	07400	RENAL DIALYSIS	0	0			74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0			76.00	
76.97	07697	CARDIAC REHABILITATION	0	0			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98	
76.99	07699	LITHOTRIPSY	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0			90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0			90.01	
90.02	09002	PRCC	0	0			90.02	
91.00	09100	EMERGENCY	0	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00	
200.00		Subtotal (see instructions)	0	56			200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00	
202.00		Net Charges (line 200 - line 201)	0	56			202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 12:19 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)			25,519	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			25,519	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)			21,729	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			6,911	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)			28,321,345	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)			28,321,345	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)			28,321,345	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)			1,109.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,669,897	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)			7,669,897	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 12:19 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	7,393,311	3,210	2,303.21	1,041	2,397,642	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,291,344	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,358,883	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)					875,241	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					547,801	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,423,042	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,935,841	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,790	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,109.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,206,180	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 12:19 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	2,525,849	28,321,345	0.089185	4,206,180	375,128
91.00	Nursing School cost	0	28,321,345	0.000000	4,206,180	0
92.00	Allied health cost	0	28,321,345	0.000000	4,206,180	0
93.00	All other Medical Education	0	28,321,345	0.000000	4,206,180	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 12:19 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)		10,533	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,533	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,533	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)		1,973	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)		11,490,901	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)		11,490,901	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)		11,490,901	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)		1,090.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,152,425	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)		2,152,425	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 12:19 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						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					101,402	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,253,827	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)					206,652	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,700	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					209,352	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,044,475	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: 14-0174 Component CCN: 14-S174		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 12:19 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	1,103,236	11,490,901	0.096010	0	0	90.00		
91.00	Nursing School cost	0	11,490,901	0.000000	0	0	91.00		
92.00	Allied health cost	0	11,490,901	0.000000	0	0	92.00		
93.00	All other Medical Education	0	11,490,901	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 12:19 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		29,157,924		30.00
31.00	03100	INTENSIVE CARE UNIT		9,445,275		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.065857	19,230,225	1,266,445	50.00
51.00	05100	RECOVERY ROOM	0.124670	3,955,356	493,114	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.973807	6,466	6,297	52.00
53.00	05300	ANESTHESIOLOGY	0.038308	1,141,150	43,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138852	3,400,541	472,172	54.00
54.02	03630	ULTRA SOUND	0.086435	1,230,756	106,380	54.02
57.00	05700	CT SCAN	0.019261	7,576,221	145,926	57.00
58.00	05800	MRI	0.061928	827,065	51,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038800	7,624,251	295,821	59.00
60.00	06000	LABORATORY	0.098196	11,819,501	1,160,628	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.302830	796,176	241,106	63.00
65.00	06500	RESPIRATORY THERAPY	0.128203	4,585,727	587,904	65.00
66.00	06600	PHYSICAL THERAPY	0.095493	1,727,143	164,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.221363	695,264	153,906	67.00
68.00	06800	SPEECH PATHOLOGY	0.508288	296,707	150,813	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047952	4,829,375	231,578	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.251689	7,495,371	1,886,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227579	6,255,340	1,423,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.037403	17,989,209	672,850	73.00
74.00	07400	RENAL DIALYSIS	0.268250	1,830,596	491,057	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.362781	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.257169	553	142	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002	PRCC	0.486838	14,046	6,838	90.02
91.00	09100	EMERGENCY	0.084101	9,930,908	835,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.165192	2,440,913	403,219	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		115,698,860	11,291,344	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)		115,698,860		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 12:19 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
40.00	04000 SUBPROVIDER - IPF		6,458,190		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.065857	0	0	50.00
51.00	05100 RECOVERY ROOM	0.124670	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.973807	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.038308	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138852	23,785	3,303	54.00
54.02	03630 ULTRA SOUND	0.086435	4,613	399	54.02
57.00	05700 CT SCAN	0.019261	92,469	1,781	57.00
58.00	05800 MRI	0.061928	4,482	278	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038800	0	0	59.00
60.00	06000 LABORATORY	0.098196	283,694	27,858	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.302830	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.128203	942	121	65.00
66.00	06600 PHYSICAL THERAPY	0.095493	23,456	2,240	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.221363	713	158	67.00
68.00	06800 SPEECH PATHOLOGY	0.508288	3,929	1,997	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047952	17,445	837	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.251689	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227579	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.037403	1,188,210	44,443	73.00
74.00	07400 RENAL DIALYSIS	0.268250	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.362781	696	252	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.257169	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002 PRCC	0.486838	0	0	90.02
91.00	09100 EMERGENCY	0.084101	210,877	17,735	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.165192	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,855,311	101,402	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)		1,855,311	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 12:19 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)		4,509,557	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,724,967	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)		491,331	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		187.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.70	31.00
32.00	Sum of lines 30 and 31		30.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.06	33.00
34.00	Disproportionate share adjustment (see instructions)		640,944	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 12:19 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,474,009	2,914,005		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	371,531	2,179,515		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,551,046			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	21,917,845			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		21,917,845		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,613,418		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,531,263		59.00
60.00	Primary payer payments		13,660		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,517,603		61.00
62.00	Deductibles billed to program beneficiaries		1,693,612		62.00
63.00	Coinsurance billed to program beneficiaries		34,967		63.00
64.00	Allowable bad debts (see instructions)		412,209		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		267,936		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		335,333		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,056,960		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	NEW TECHNOLOGY		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)				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)		-86,779		70.93
70.94	HRR adjustment amount (see instructions)		-22,627		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 12:19 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)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,947,554		71.00
71.01	Sequestration adjustment (see instructions)		438,951		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		21,291,905		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		216,698		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		340,091		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 12:19 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,509,557	0	4,509,557		4,509,557
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,724,967	0		13,724,967	13,724,967
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	491,331	0	180,963	310,369	491,332
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1406	0.1406	0.1406	0.1406	0
11.00	Disproportionate share adjustment (see instructions)	34.00	640,944	0	158,511	482,433	640,944
11.01	Uncompensated care payments	36.00	2,551,046	0	1,309,368	364,931	1,674,299
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	21,917,845	0	6,158,399	15,759,446	21,917,845
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,917,845	0	6,158,399	15,759,446	21,917,845
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,613,418	0	402,745	1,210,673	1,613,418
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 12:19 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	6,561,144	16,970,119	23,531,263
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,483,856	0	367,346	1,116,510	1,483,856
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	36,227	0	12,293	23,934	36,227
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0629	0.0629	0.0629	0.0629	
25.00	Disproportionate share adjustment (see instructions)	11.00	93,335	0	23,106	70,229	93,335
26.00	Total prospective capital payments (see instructions)	12.00	1,613,418	0	402,745	1,210,673	1,613,418
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 12:19 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	4,509,557	4,509,557		4,509,557	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,724,967		13,724,967	13,724,967	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	491,331	180,963	310,369	491,332	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1406	0.1406	0.1406		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	640,944	158,511	482,433	640,944	11.00
11.01	Uncompensated care payments	36.00	2,551,046	371,531	2,179,515	2,551,046	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	21,917,845	5,220,562	16,697,283	21,917,845	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	21,917,845	5,220,562	16,697,283	21,917,845	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,613,418	402,745	1,210,673	1,613,418	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,623,307	17,907,956	23,531,263	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 12:19 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	1,483,856	367,346	1,116,510	1,483,856	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	36,227	12,293	23,934	36,227	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0629	0.0629	0.0629		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,335	23,106	70,229	93,335	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,613,418	402,745	1,210,673	1,613,418	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	-86,779	-14,300	-72,479	-86,779	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	-22,627	-17,137	-5,490	-22,627	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 12:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,174	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,291,061	2.00
3.00	OPPS payments		24,622,241	3.00
4.00	Outlier payment (see instructions)		1,163,362	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)		3,174	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		84,851	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)		84,851	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)		84,851	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,677	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,174	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)		25,785,603	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)		4,151,584	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)		21,637,193	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)		21,637,193	30.00
31.00	Primary payer payments		4,034	31.00
32.00	Subtotal (line 30 minus line 31)		21,633,159	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)		545,408	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		354,515	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		334,749	36.00
37.00	Subtotal (see instructions)		21,987,674	37.00
38.00	MSP-LCC reconciliation amount from PS&R		144	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)		21,987,530	40.00
40.01	Sequestration adjustment (see instructions)		439,751	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		21,656,385	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-108,606	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: 14-0174 Component CCN: 14-S174	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 12:19 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		56	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		365	2.00
3.00	OPPS payments		491	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		56	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,486	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)		1,486	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)		1,486	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,430	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)		56	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)		491	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)		23	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)		524	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)		524	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		524	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)		3,020	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,963	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,487	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)		2,487	40.00
40.01	Sequestration adjustment (see instructions)		50	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		846	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,591	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 12:19 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		20,954,776		21,207,145	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		337,129		449,240	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)		21,291,905		21,656,385	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		216,698		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		108,606	6.02
7.00	Total Medicare program liability (see instructions)		21,508,603		21,547,779	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: 14-0174
 Component CCN: 14-S174

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/26/2019 12:19 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						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		1,605,791		846		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		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)		1,605,791		846		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		55,828		1,591		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,661,619		2,437		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 12:19 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: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part I Date/Time Prepared: 11/26/2019 12:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		0	1.00
1.01	Nursing and allied health managed care payment (see instructions)		0	1.01
2.00	Organ acquisition		0	2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5).		0	6.00
7.00	Deductibles		0	7.00
8.00	Subtotal (line 6 minus line 7)		0	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		0	14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	17.50
17.99	Demonstration payment adjustment amount before sequestration		0	17.99
18.00	Total amount payable to the provider (see instructions)		0	18.00
18.01	Sequestration adjustment (see instructions)		0	18.01
18.02	Demonstration payment adjustment amount after sequestration		0	18.02
19.00	Interim payments		0	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)		0	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/26/2019 12:19 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)			1,837,616 1.00
2.00	Net IPF PPS Outlier Payments			0 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)			28.857534 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)			1,837,616 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)			1,837,616 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,837,616 18.00
19.00	Deductibles			153,984 19.00
20.00	Subtotal (line 18 minus line 19)			1,683,632 20.00
21.00	Coinurance			43,891 21.00
22.00	Subtotal (line 20 minus line 21)			1,639,741 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			85,829 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			55,789 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			63,910 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,695,530 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)			1,695,530 31.00
31.01	Sequestration adjustment (see instructions)			33,911 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,605,791 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)			55,828 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			0 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

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

Provider CCN: 14-0174

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

Worksheet G

Date/Time Prepared:
11/26/2019 12:19 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	1,129,351	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	109,588,155	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-84,396,699	0	0	0	6.00
7.00 Inventory	4,506,040	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	231,066	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)	31,057,913	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,850,000	0	0	0	12.00
13.00 Land improvements	2,046,750	0	0	0	13.00
14.00 Accumulated depreciation	-612,608	0	0	0	14.00
15.00 Buildings	36,392,880	0	0	0	15.00
16.00 Accumulated depreciation	-1,812,090	0	0	0	16.00
17.00 Leasehold improvements	175,250	0	0	0	17.00
18.00 Accumulated depreciation	-66,762	0	0	0	18.00
19.00 Fixed equipment	11,531,689	0	0	0	19.00
20.00 Accumulated depreciation	-3,536,095	0	0	0	20.00
21.00 Automobiles and trucks	32,500	0	0	0	21.00
22.00 Accumulated depreciation	-5,778	0	0	0	22.00
23.00 Major movable equipment	5,009,373	0	0	0	23.00
24.00 Accumulated depreciation	-1,294,315	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)	53,710,794	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	734,979	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	734,979	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	85,503,686	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	2,764,457	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	536,584	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	18,790,189	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	22,091,230	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	179,708	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	179,708	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	22,270,938	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	63,232,748	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)	63,232,748	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	85,503,686	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 12:19 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		77,490,675		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		21,716,403				2.00
3.00	Total (sum of line 1 and line 2)		99,207,078		0		3.00
4.00	ADJUSTMENT	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)		99,207,078		0		11.00
12.00	NET ASSET TRANSFERS	35,974,330		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)		35,974,330		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		63,232,748		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	ADJUSTMENT		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	NET ASSET TRANSFERS		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: 14-0174

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 12:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	88,794,878		88,794,878	1.00
2.00	SUBPROVIDER - IPF	34,588,248		34,588,248	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	123,383,126		123,383,126	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,860,489		29,860,489	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,860,489		29,860,489	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	153,243,615		153,243,615	17.00
18.00	Ancillary services	307,410,940	445,625,380	753,036,320	18.00
19.00	Outpatient services	0	192,746,215	192,746,215	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - CONTRACT PHARMACY	0	225,353	225,353	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	460,654,555	638,596,948	1,099,251,503	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,613,034		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		185,613,034		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 12:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,099,251,503	1.00
2.00	Less contractual allowances and discounts on patients' accounts	896,771,611	2.00
3.00	Net patient revenues (line 1 minus line 2)	202,479,892	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,613,034	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,866,858	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	86,085	6.00
7.00	Income from investments	166,812	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	397,360	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 OPERATING REVENUE	4,199,288	24.00
25.00	Total other income (sum of lines 6-24)	4,849,545	25.00
26.00	Total (line 5 plus line 25)	21,716,403	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)	21,716,403	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet I-5 Date/Time Prepared: 11/26/2019 12:19 pm	
			1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B					
1.00	Total expenses related to care of program beneficiaries (see instructions)		0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		0	0	2.03
2.04	Outlier payments		0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)				3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)				3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)		0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)				4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)		0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012		0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013		0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)		0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	0	8.00
9.00	Program payment (see instructions)		0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)				10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0174	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 12:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,483,856	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		36,227	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)		68.61	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.70	8.00
9.00	Sum of lines 7 and 8		30.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.29	10.00
11.00	Disproportionate share adjustment (see instructions)		93,335	11.00
12.00	Total prospective capital payments (see instructions)		1,613,418	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