

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: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/4/2019 10:11 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date:	Time:
	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 SAINTS MARY & ELIZABETH MED (14-0180) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title _____

Date _____

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,862,448	404,664	0	0	1.00
2.00	Subprovider - IPF	0	29,559	28		0	2.00
3.00	Subprovider - IRF	0	50,417	31		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	46,472	-4		0	7.00
200.00	Total	0	2,988,896	404,719	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: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/4/2019 10:11 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2233 WEST DIVISION STREET			PO Box:		Date Certified		Payment System (P, T, O, or N)	
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE SAINTS MARY & ELIZABETH MED	140180	16974	1	07/01/1966	N
4.00	Subprovider - IPF			PRESENCE ST MARY AND ELIZABETH PSYCH	14S180	16974	4	01/01/2018	N
5.00	Subprovider - IRF			ST. MARY OF NAZARETH REHAB UNIT	14T180	16974	5	01/01/1984	N
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			ST. ELIZABETH'S SNF	145541	16974		01/28/1986	N
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0180

Period:
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To 06/30/2019Worksheet S-2
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	
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.	0	11,301	0	177	31,841	1,525	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	311	0	0	894		25.00
					Urban/Rural St	Date of Geogra	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS 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.					Y		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/4/2019 10:11 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

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				1.00				
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00			
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00			
			V	XIX				
			1.00	2.00				
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			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	109.00
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 12/4/2019 10:11 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,210,936	
		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: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/4/2019 10:11 am		
1.00		2.00		3.00		4.00		5.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: PRESENCE CARE TRANSFORMATION CORP		Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 200 SOUTH WACKER DRIVE		PO Box:						142.00	
143.00	City: CHICAGO		State: IL		Zip Code: 60606				143.00	
									1.00	
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
									1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								N	146.00
									1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N		155.00	
156.00	Subprovider - IPF			N	N	N	N		156.00	
157.00	Subprovider - IRF			N	N	N	N		157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF			N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00	
161.00	CMHC				N	N	N		161.00	
									1.00	
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00
									1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						07/01/2018	06/30/2019	170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/4/2019 10:11 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	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: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/4/2019 10:11 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718	PATRICK.GILLILAND@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/4/2019 10:11 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR		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

Health Financial Systems		PRESENCE SAINTS MARY & ELIZABETH MED		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part IX Date/Time Prepared: 12/4/2019 10:11 am	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00	
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00	
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01	
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00	
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00	
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00	
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00	
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	193	70,445	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)		193	70,445	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	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)		219	79,935	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	165	60,225		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,950		0	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)		429			0	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)		8	2,920			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: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,388	1,319	38,096			1.00
2.00	HMO and other (see instructions)	8,165	41,991				2.00
3.00	HMO IPF Subprovider	661	12,552				3.00
4.00	HMO IRF Subprovider	444	1,129				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)	17,388	1,319	38,096			7.00
8.00	INTENSIVE CARE UNIT	1,308	221	4,093			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		963	2,806			13.00
14.00	Total (see instructions)	18,696	2,503	44,995	54.46	1,116.34	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,777	6,186	43,197	0.00	185.41	16.00
17.00	SUBPROVIDER - IRF	1,988	76	4,364	0.00	17.28	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	4,697	72	6,684	0.00	33.37	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)			124			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)				54.46	1,352.40	27.00
28.00	Observation Bed Days		1,668	4,158			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	350	686			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			28			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: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,276	869	11,113	1.00
2.00 HMO and other (see instructions)			1,462	3,936		2.00
3.00 HMO IPF Subprovider				2,986		3.00
4.00 HMO IRF Subprovider				93		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	3,276	869	11,113	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	204	819	6,327	16.00
17.00 SUBPROVIDER - IRF	0.00	0	174	7	396	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/4/2019 10:11 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	96,281,545	364,197	96,645,742	2,812,991.58	34.36	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		74,841	0	74,841	608.00	123.09	4.00
4.01	Physicians - Part A - Teaching		752,921	0	752,921	8,587.68	87.67	4.01
5.00	Physician and Non Physician-Part B		744,345	0	744,345	4,878.43	152.58	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	2,378,449	2,378,449	85,364.00	27.86	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,446,927	0	2,446,927	69,405.13	35.26	9.00
10.00	Excluded area salaries (see instructions)		13,838,739	12,338	13,851,077	89,198.89	155.28	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,162,316	0	12,162,316	210,605.00	57.75	11.00
12.00	Contract labor: Top level management and other management and administrative services		5,188,864	0	5,188,864	131,456.00	39.47	12.00
13.00	Contract labor: Physician-Part A - Administrative		43,063	0	43,063	169.00	254.81	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		24,265,230	0	24,265,230	540,007.00	44.94	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,983,866	0	22,983,866			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,462,339	0	1,462,339			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		13,651	0	13,651			22.00
22.01	Physician Part A - Teaching		170,977	0	170,977			22.01
23.00	Physician Part B		71,757	0	71,757			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		830,289	0	830,289			25.00
25.50	Home office wage-related (core)		1,229,232	0	1,229,232			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-284,959	364,197	79,238	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,716,356	0	9,716,356	294,369.08	33.01	27.00
28.00	Administrative & General under contract (see inst.)		899,590	0	899,590	4,128.00	217.92	28.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/4/2019 10:11 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,333,955	-12,338	1,321,617	33,255.33	30.00
31.00	Laundry & Linen Service	8.00	126,182	0	126,182	9,314.76	31.00
32.00	Housekeeping	9.00	1,141,486	0	1,141,486	69,976.37	32.00
33.00	Housekeeping under contract (see instructions)		941,965	0	941,965	28,730.00	33.00
34.00	Dietary	10.00	2,049,028	-817,702	1,231,326	82,956.36	34.00
35.00	Dietary under contract (see instructions)		906,504	0	906,504	19,572.32	35.00
36.00	Cafeteria	11.00	0	817,702	817,702	55,089.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,748,245	0	1,748,245	36,934.20	38.00
39.00	Central Services and Supply	14.00	464,092	0	464,092	23,201.47	39.00
40.00	Pharmacy	15.00	3,861,585	0	3,861,585	90,770.42	40.00
41.00	Medical Records & Medical Records Library	16.00	43,940	0	43,940	1,960.10	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
12/4/2019 10:11 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	97,532,338	-2,014,252	95,518,086	2,766,591.79	34.53	1.00
2.00	Excluded area salaries (see instructions)	16,285,666	12,338	16,298,004	158,604.02	102.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,246,672	-2,026,590	79,220,082	2,607,987.77	30.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,659,473	0	41,659,473	882,237.00	47.22	4.00
5.00	Subtotal wage-related costs (see inst.)	24,226,749	0	24,226,749	0.00	30.58	5.00
6.00	Total (sum of lines 3 thru 5)	147,132,894	-2,026,590	145,106,304	3,490,224.77	41.58	6.00
7.00	Total overhead cost (see instructions)	22,947,969	351,859	23,299,828	750,258.28	31.06	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
12/4/2019 10:11 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,452,194	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)	4,304,966	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,614,828	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	230,032	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	49,677	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)	287,936	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,327,808	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	6,938,877	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	130,521	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	196,040	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,532,879	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	12,162,316	25,532,879	1.00
2.00	Hospital	12,162,316	22,983,866	2.00
3.00	Subprovider - IPF	0	432,379	3.00
4.00	Subprovider - IRF	0	334,393	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	0	646,856	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	1,135,385	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:
12/4/2019 10:11 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	73	0	73 3.00
4.00		RUL	161	0	161 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	14	0	14 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	563	0	563 12.00
13.00		RUB	2,432	0	2,432 13.00
14.00		RUA	979	0	979 14.00
15.00		RVC	74	0	74 15.00
16.00		RVB	122	0	122 16.00
17.00		RVA	82	0	82 17.00
18.00		RHC	9	0	9 18.00
19.00		RHB	20	0	20 19.00
20.00		RHA	9	0	9 20.00
21.00		RMC	5	0	5 21.00
22.00		RMB	9	0	9 22.00
23.00		RMA	12	0	12 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	22	0	22 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	8	0	8 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	17	0	17 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	12	0	12 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	4	0	4 49.00
50.00		CC1	17	0	17 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	46	0	46 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	4	0	4 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:
12/4/2019 10:11 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	3	0	3	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,697	0	4,697	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		7,390,432			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 12/4/2019 10:11 am	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.173915	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		132,280,266	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		531,247,592	6.00	
7.00	Medicaid cost (line 1 times line 6)		92,391,925	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)	38,715,289	4,922,473	43,637,762	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,733,169	4,922,473	11,655,642	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)	6,733,169	4,922,473	11,655,642	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)		7,020,793	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,908,083	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,935,513	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		4,085,280	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,737,921	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		13,393,563	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,393,563	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	14,569,610	14,569,610	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,522,468	9,522,468	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-284,959	1,003,469	718,510	20,742,907	21,461,417	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,716,356	80,037,254	89,753,610	-16,015,097	73,738,513	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,333,955	11,490,261	12,824,216	-640,581	12,183,635	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	126,182	960,049	1,086,231	-479,614	606,617	8.00
9.00	00900	HOUSEKEEPING	1,141,486	3,365,297	4,506,783	-463,760	4,043,023	9.00
10.00	01000	DIETARY	2,049,028	3,689,171	5,738,199	-2,786,858	2,951,341	10.00
11.00	01100	CAFETERIA	0	383	383	1,959,553	1,959,936	11.00
13.00	01300	NURSING ADMINISTRATION	1,748,245	778,658	2,526,903	-527,902	1,999,001	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	464,092	1,230,031	1,694,123	-812,910	881,213	14.00
15.00	01500	PHARMACY	3,861,585	9,839,464	13,701,049	-9,395,148	4,305,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,940	138,519	182,459	-22,057	160,402	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,378,449	2,378,449	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,347,826	1,714,306	6,062,132	-3,157,046	2,905,086	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	173,921	35,167	209,088	-32,586	176,502	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,166,381	5,964,057	22,130,438	-5,185,606	16,944,832	30.00
31.00	03100	INTENSIVE CARE UNIT	4,180,357	1,954,665	6,135,022	-1,477,600	4,657,422	31.00
40.00	04000	SUBPROVIDER - IPF	12,470,876	8,968,454	21,439,330	-2,921,657	18,517,673	40.00
41.00	04100	SUBPROVIDER - IRF	1,193,942	322,715	1,516,657	-267,339	1,249,318	41.00
43.00	04300	NURSERY	696,183	430,504	1,126,687	-179,226	947,461	43.00
44.00	04400	SKILLED NURSING FACILITY	2,446,927	810,733	3,257,660	-574,467	2,683,193	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,584,220	16,170,897	22,755,117	-13,647,032	9,108,085	50.00
51.00	05100	RECOVERY ROOM	798,974	203,778	1,002,752	-190,986	811,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,616,221	1,388,638	6,004,859	-1,340,249	4,664,610	52.00
53.00	05300	ANESTHESIOLOGY	123,923	2,927,522	3,051,445	-657,156	2,394,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,757,594	2,658,946	6,416,540	-2,125,849	4,290,691	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,417,660	7,788,583	9,206,243	-7,055,738	2,150,505	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	258,537	687,854	946,391	-493,884	452,507	55.00
57.00	05700	CT SCAN	662,819	367,843	1,030,662	-359,578	671,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	291,676	628,081	919,757	-411,694	508,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	587,794	985,493	1,573,287	-914,739	658,548	59.00
60.00	06000	LABORATORY	0	10,189,256	10,189,256	-184,619	10,004,637	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	49,836	4,675	54,511	-4,568	49,943	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,321	11,321	0	11,321	63.00
65.00	06500	RESPIRATORY THERAPY	1,739,190	896,141	2,635,331	-537,819	2,097,512	65.00
66.00	06600	PHYSICAL THERAPY	2,599,199	616,649	3,215,848	-548,150	2,667,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,078,801	219,845	1,298,646	-214,022	1,084,624	67.00
68.00	06800	SPEECH PATHOLOGY	283,556	52,602	336,158	-52,386	283,772	68.00
69.00	06900	ELECTROCARDIOLOGY	1,062,810	562,669	1,625,479	-394,502	1,230,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,408	372,896	625,304	-69,557	555,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,235,181	11,235,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,812,967	5,812,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,394,966	17,394,966	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,121,090	4,121,090	-7	4,121,083	76.00
76.01	03950	IP RENAL DIALYSIS	464,474	305,755	770,229	-241,905	528,324	76.01
76.97	07697	CARDIAC REHABILITATION	125,131	25,865	150,996	-24,805	126,191	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	938,070	984,481	1,922,551	-188,679	1,733,872	90.00
91.00	09100	EMERGENCY	6,712,329	4,833,697	11,546,026	-2,641,060	8,904,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,605,789	5,605,789	-5,605,789	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	96,281,545	195,343,523	291,625,068	771,874	292,396,942	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	554,908	554,908	0	554,908	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	88,076	88,076	194.00
194.01	07951	OUTPATIENT PHARMACY	0	1,407,016	1,407,016	-859,950	547,066	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	96,281,545	197,305,447	293,586,992	0	293,586,992	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,216,902	8,352,708	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,205,159	10,727,627	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	847,085	22,308,502	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,910,440	61,828,073	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	134,621	12,318,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,813	610,430	8.00
9.00	00900	HOUSEKEEPING	0	4,043,023	9.00
10.00	01000	DIETARY	0	2,951,341	10.00
11.00	01100	CAFETERIA	-1,137,942	821,994	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,999,001	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	881,213	14.00
15.00	01500	PHARMACY	0	4,305,901	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,316,595	1,476,997	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,378,449	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,905,086	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	176,502	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-324,129	16,620,703	30.00
31.00	03100	INTENSIVE CARE UNIT	434,538	5,091,960	31.00
40.00	04000	SUBPROVIDER - IPF	-49,777	18,467,896	40.00
41.00	04100	SUBPROVIDER - IRF	-32,500	1,216,818	41.00
43.00	04300	NURSERY	-228,708	718,753	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,683,193	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,174,082	7,934,003	50.00
51.00	05100	RECOVERY ROOM	0	811,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-141,121	4,523,489	52.00
53.00	05300	ANESTHESIOLOGY	-2,211,859	182,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,101	4,288,590	54.00
54.01	03190	OUTPATIENT ONCOLOGY	7,092	2,157,597	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	452,507	55.00
57.00	05700	CT SCAN	0	671,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	508,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	658,548	59.00
60.00	06000	LABORATORY	148,110	10,152,747	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	49,943	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,321	63.00
65.00	06500	RESPIRATORY THERAPY	-15,984	2,081,528	65.00
66.00	06600	PHYSICAL THERAPY	0	2,667,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,084,624	67.00
68.00	06800	SPEECH PATHOLOGY	0	283,772	68.00
69.00	06900	ELECTROCARDIOLOGY	-85,540	1,145,437	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-362,782	192,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,235,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,812,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,394,966	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-741,419	3,379,664	76.00
76.01	03950	IP RENAL DIALYSIS	0	528,324	76.01
76.97	07697	CARDIAC REHABILITATION	-3,334	122,857	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	-488,663	1,245,209	90.00
91.00	09100	EMERGENCY	-1,486,874	7,418,092	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
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,517,144	269,879,798	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	554,908	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CONVENT	0	88,076	194.00
194.01	07951	OUTPATIENT PHARMACY	0	547,066	194.01
194.02	07952	FUND DEVELOPMENT	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	-22,517,144	271,069,848	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS Wo
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-PHARMACY	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	OUTPATIENT ONCOLOGY	03190	CHEMOTHERAPY	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	IP RENAL DIALYSIS	03950		76.01
76.97	CARDIAC REHABILITATION	07697		76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698		76.98
76.99	LITHOTRIPSY	07699		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	CONVENT	07950		194.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS Wo
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
194.01	OUTPATIENT PHARMACY	07951		194.01
194.02	FUND DEVELOPMENT	07952		194.02
194.03	NURSING EDUC BLD UNUSED SPACE	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
12/4/2019 10:11 am

	Increases					12/4/2019 10:11 am
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,743,186	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
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	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	TOTALS		0	20,743,186		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,394,966	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
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	
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	17,394,966		

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
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To 06/30/2019Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
	C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,235,181		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
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
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
TOTALS			0	11,235,181		
D - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,812,967		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
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
TOTALS			0	5,812,967		
E - BUILDING INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	281,326		1.00
TOTALS			0	281,326		
F - MORTGAGE INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,605,789		1.00
TOTALS			0	5,605,789		

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
G - DEPRECIATION1					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	8,682,495		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
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
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
TOTALS		0	8,682,495		
H - DEPRECIATION2					
1.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	9,522,468		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
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
TOTALS		0	9,522,468		
I - PHONE					
1.00 OPERATION OF PLANT	7.00	0	253,962		1.00
2.00	0.00	0	0		2.00
TOTALS		0	253,962		
J - CAFETERIA					
1.00 CAFETERIA	11.00	817,702	1,142,232		1.00
TOTALS		817,702	1,142,232		
K - INTERNS RESIDENTS					
1.00 I&R SERVICES-SALARY & FRINGES	21.00	2,378,449	0		1.00
APPRV					
TOTALS		2,378,449	0		
L - CONVENT MAINT					
1.00 CONVENT	194.00	12,338	75,738		1.00
TOTALS		12,338	75,738		

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
M - RECLASS EHW SALARY ACCRUAL					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	364,197	0		1.00
TOTALS		364,197	0		
500.00 Grand Total: Increases		3,572,686	80,750,310		500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:

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

Worksheet A-6

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		Decreases					12/4/2019 10:11 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,153,107	0	1.00		
2.00	OPERATION OF PLANT	7.00	0	262,253	0	2.00		
3.00	LAUNDRY & LINEN SERVICE	8.00	0	53,839	0	3.00		
4.00	HOUSEKEEPING	9.00	0	433,571	0	4.00		
5.00	DIETARY	10.00	0	816,971	0	5.00		
6.00	NURSING ADMINISTRATION	13.00	0	323,935	0	6.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	148,377	0	7.00		
8.00	PHARMACY	15.00	0	734,070	0	8.00		
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,874	0	9.00		
10.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	778,597	0	10.00		
	APPRV							
11.00	PARAMED ED PRGM-PHARMACY	23.00	0	32,586	0	11.00		
12.00	ADULTS & PEDIATRICS	30.00	0	3,694,492	0	12.00		
13.00	INTENSIVE CARE UNIT	31.00	0	742,466	0	13.00		
14.00	SUBPROVIDER - IPF	40.00	0	2,806,082	0	14.00		
15.00	SUBPROVIDER - IRF	41.00	0	240,356	0	15.00		
16.00	NURSERY	43.00	0	135,293	0	16.00		
17.00	SKILLED NURSING FACILITY	44.00	0	490,546	0	17.00		
18.00	OPERATING ROOM	50.00	0	1,333,604	0	18.00		
19.00	RECOVERY ROOM	51.00	0	156,541	0	19.00		
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	838,315	0	20.00		
21.00	ANESTHESIOLOGY	53.00	0	32,420	0	21.00		
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	826,702	0	22.00		
23.00	OUTPATIENT ONCOLOGY	54.01	0	261,861	0	23.00		
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	52,409	0	24.00		
25.00	CT SCAN	57.00	0	139,304	0	25.00		
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,272	0	26.00		
27.00	CARDIAC CATHETERIZATION	59.00	0	105,859	0	27.00		
28.00	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	4,568	0	28.00		
29.00	RESPIRATORY THERAPY	65.00	0	370,517	0	29.00		
30.00	PHYSICAL THERAPY	66.00	0	528,646	0	30.00		
31.00	OCCUPATIONAL THERAPY	67.00	0	210,040	0	31.00		
32.00	SPEECH PATHOLOGY	68.00	0	52,386	0	32.00		
33.00	ELECTROCARDIOLOGY	69.00	0	214,299	0	33.00		
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	40,318	0	34.00		
35.00	IP RENAL DIALYSIS	76.01	0	98,264	0	35.00		
36.00	CARDIAC REHABILITATION	76.97	0	24,123	0	36.00		
37.00	CLINIC	90.00	0	140,904	0	37.00		
38.00	EMERGENCY	91.00	0	1,397,419	0	38.00		
	TOTALS		0	20,743,186				
B - DRUGS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	601	0	1.00		
2.00	OPERATION OF PLANT	7.00	0	24	0	2.00		
3.00	LAUNDRY & LINEN SERVICE	8.00	0	8	0	3.00		
4.00	PHARMACY	15.00	0	8,605,397	0	4.00		
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,640	0	5.00		
6.00	ADULTS & PEDIATRICS	30.00	0	489,865	0	6.00		
7.00	INTENSIVE CARE UNIT	31.00	0	88,788	0	7.00		
8.00	SUBPROVIDER - IRF	41.00	0	465	0	8.00		
9.00	NURSERY	43.00	0	1,972	0	9.00		
10.00	SKILLED NURSING FACILITY	44.00	0	13,334	0	10.00		
11.00	OPERATING ROOM	50.00	0	179,790	0	11.00		
12.00	RECOVERY ROOM	51.00	0	9,910	0	12.00		
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,842	0	13.00		
14.00	ANESTHESIOLOGY	53.00	0	109,506	0	14.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,458	0	15.00		
16.00	OUTPATIENT ONCOLOGY	54.01	0	6,506,144	0	16.00		
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	5	0	17.00		
18.00	CT SCAN	57.00	0	76	0	18.00		
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	69,319	0	19.00		
20.00	CARDIAC CATHETERIZATION	59.00	0	14,139	0	20.00		
21.00	LABORATORY	60.00	0	6,335	0	21.00		
22.00	RESPIRATORY THERAPY	65.00	0	308	0	22.00		
23.00	PHYSICAL THERAPY	66.00	0	317	0	23.00		
24.00	OCCUPATIONAL THERAPY	67.00	0	14	0	24.00		
25.00	ELECTROCARDIOLOGY	69.00	0	1,578	0	25.00		
26.00	IP RENAL DIALYSIS	76.01	0	8,042	0	26.00		
27.00	CLINIC	90.00	0	17,497	0	27.00		
28.00	EMERGENCY	91.00	0	345,315	0	28.00		
29.00	OUTPATIENT PHARMACY	194.01	0	859,950	0	29.00		

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
30.00	SUBPROVIDER - IPF	40.00	0	3,327	0		30.00
	TOTALS		0	17,394,966			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	279	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	89,750	0		2.00
3.00	OPERATION OF PLANT	7.00	0	977	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	425,767	0		4.00
5.00	HOUSEKEEPING	9.00	0	29,896	0		5.00
6.00	DIETARY	10.00	0	3,154	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,760	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	553,330	0		8.00
9.00	PHARMACY	15.00	0	33,321	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,709	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	838,464	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	387,216	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	101,792	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	21,063	0		14.00
15.00	NURSERY	43.00	0	41,704	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	65,645	0		16.00
17.00	OPERATING ROOM	50.00	0	6,541,821	0		17.00
18.00	RECOVERY ROOM	51.00	0	22,100	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	373,907	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	302,239	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	306,595	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	29,162	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,301	0		23.00
24.00	CT SCAN	57.00	0	8,769	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	26,171	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	172,801	0		26.00
27.00	LABORATORY	60.00	0	48,315	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	126,867	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	8,632	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	3,968	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	14,114	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,049	0		32.00
33.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	7	0		33.00
34.00	IP RENAL DIALYSIS	76.01	0	110,422	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	682	0		35.00
36.00	CLINIC	90.00	0	12,788	0		36.00
37.00	EMERGENCY	91.00	0	506,644	0		37.00
	TOTALS		0	11,235,181			
D - IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	199	0		1.00
2.00	OPERATION OF PLANT	7.00	0	116	0		2.00
3.00	HOUSEKEEPING	9.00	0	293	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	76	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	68,472	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	34,414	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	122	0		7.00
8.00	NURSERY	43.00	0	257	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	1,142	0		9.00
10.00	OPERATING ROOM	50.00	0	5,055,698	0		10.00
11.00	RECOVERY ROOM	51.00	0	708	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,977	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	23,942	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	158,655	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	931	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	18	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,863	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	343,160	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	277	0		19.00
20.00	IP RENAL DIALYSIS	76.01	0	9,444	0		20.00
21.00	CLINIC	90.00	0	3	0		21.00
22.00	EMERGENCY	91.00	0	54,796	0		22.00
23.00	SUBPROVIDER - IPF	40.00	0	404	0		23.00
	TOTALS		0	5,812,967			
E - BUILDING INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	281,326	12		1.00
	TOTALS		0	281,326			

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
12/4/2019 10:11 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - MORTGAGE INTEREST						
1.00	INTEREST EXPENSE	113.00	0	5,605,789	11		1.00
	TOTALS		0	5,605,789			
	G - DEPRECIATION1						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,658,491	9		1.00
2.00	OPERATION OF PLANT	7.00	0	73,063	9		2.00
3.00	NURSING ADMINISTRATION	13.00	0	42,906	9		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	110,620	9		4.00
5.00	PHARMACY	15.00	0	1,533	9		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	834	9		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	88,413	9		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	224,716	9		8.00
9.00	SUBPROVIDER - IRF	41.00	0	5,333	9		9.00
10.00	OPERATING ROOM	50.00	0	528,874	9		10.00
11.00	RECOVERY ROOM	51.00	0	1,727	9		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	28,511	9		12.00
13.00	ANESTHESIOLOGY	53.00	0	189,049	9		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	814,439	9		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	227,303	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	436,151	9		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	255,069	9		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	278,780	9		18.00
19.00	LABORATORY	60.00	0	129,969	9		19.00
20.00	RESPIRATORY THERAPY	65.00	0	40,127	9		20.00
21.00	PHYSICAL THERAPY	66.00	0	10,555	9		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	163,098	9		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,190	9		23.00
24.00	IP RENAL DIALYSIS	76.01	0	15,733	9		24.00
25.00	CLINIC	90.00	0	16,205	9		25.00
26.00	EMERGENCY	91.00	0	324,806	9		26.00
27.00		0.00	0	0	9		27.00
28.00		0.00	0	0	9		28.00
29.00		0.00	0	0	9		29.00
30.00		0.00	0	0	9		30.00
31.00		0.00	0	0	9		31.00
32.00		0.00	0	0	9		32.00
33.00		0.00	0	0	9		33.00
34.00		0.00	0	0	9		34.00
	TOTALS		0	8,682,495			
	H - DEPRECIATION2						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,579,697	9		1.00
2.00	OPERATION OF PLANT	7.00	0	470,034	9		2.00
3.00	DIETARY	10.00	0	4,763	9		3.00
4.00	CAFETERIA	11.00	0	381	9		4.00
5.00	NURSING ADMINISTRATION	13.00	0	157,225	9		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	583	9		6.00
7.00	PHARMACY	15.00	0	20,827	9		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	5,900	9		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	3,800	9		9.00
10.00	OPERATING ROOM	50.00	0	7,245	9		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,697	9		11.00
12.00	OUTPATIENT ONCOLOGY	54.01	0	30,337	9		12.00
13.00	CT SCAN	57.00	0	211,429	9		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,136	9		14.00
15.00	CLINIC	90.00	0	1,282	9		15.00
16.00	EMERGENCY	91.00	0	12,080	9		16.00
17.00	SUBPROVIDER - IPF	40.00	0	10,052	9		17.00
18.00		0.00	0	0	9		18.00
19.00		0.00	0	0	9		19.00
20.00		0.00	0	0	9		20.00
	TOTALS		0	9,522,468			
	I - PHONE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	251,926	0		1.00
2.00	DIETARY	10.00	0	2,036	0		2.00
	TOTALS		0	253,962			
	J - CAFETERIA						
1.00	DIETARY	10.00	817,702	1,142,232	0		1.00
	TOTALS		817,702	1,142,232			
	K - INTERNS RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	2,378,449	0	0		1.00
	APPRV						
	TOTALS		2,378,449	0			

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
12/4/2019 10:11 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	L - CONVENT MAINT					
1.00	OPERATION OF PLANT	7.00	12,338	75,738	0	1.00
	TOTALS		12,338	75,738		
	M - RECLASS EHW SALARY ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	364,197	0	1.00
	TOTALS		0	364,197		
500.00	Grand Total: Decreases		3,208,489	81,114,507		500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/4/2019 10:11 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,743,186	ADMINISTRATIVE & GENERAL	5.00	0	2,153,107	1.00
2.00		0.00	0		0 OPERATION OF PLANT	7.00	0	262,253	2.00
3.00		0.00	0		0 LAUNDRY & LINEN SERVICE	8.00	0	53,839	3.00
4.00		0.00	0		0 HOUSEKEEPING	9.00	0	433,571	4.00
5.00		0.00	0		0 DIETARY	10.00	0	816,971	5.00
6.00		0.00	0		0 NURSING ADMINISTRATION	13.00	0	323,935	6.00
7.00		0.00	0		0 CENTRAL SERVICES & SUPPLY	14.00	0	148,377	7.00
8.00		0.00	0		0 PHARMACY	15.00	0	734,070	8.00
9.00		0.00	0		0 MEDICAL RECORDS & LIBRARY	16.00	0	12,874	9.00
10.00		0.00	0		0 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	778,597	10.00
11.00		0.00	0		0 PARAMED ED PRGM-PHARMACY	23.00	0	32,586	11.00
12.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	3,694,492	12.00
13.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	742,466	13.00
14.00		0.00	0		0 SUBPROVIDER - IPF	40.00	0	2,806,082	14.00
15.00		0.00	0		0 SUBPROVIDER - IRF	41.00	0	240,356	15.00
16.00		0.00	0		0 NURSERY	43.00	0	135,293	16.00
17.00		0.00	0		0 SKILLED NURSING FACILITY	44.00	0	490,546	17.00
18.00		0.00	0		0 OPERATING ROOM	50.00	0	1,333,604	18.00
19.00		0.00	0		0 RECOVERY ROOM	51.00	0	156,541	19.00
20.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	838,315	20.00
21.00		0.00	0		0 ANESTHESIOLOGY	53.00	0	32,420	21.00
22.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	826,702	22.00
23.00		0.00	0		0 OUTPATIENT ONCOLOGY	54.01	0	261,861	23.00
24.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	52,409	24.00
25.00		0.00	0		0 CT SCAN	57.00	0	139,304	25.00
26.00		0.00	0		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,272	26.00
27.00		0.00	0		0 CARDIAC CATHETERIZATION	59.00	0	105,859	27.00
28.00		0.00	0		0 BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	4,568	28.00
29.00		0.00	0		0 RESPIRATORY THERAPY	65.00	0	370,517	29.00
30.00		0.00	0		0 PHYSICAL THERAPY	66.00	0	528,646	30.00
31.00		0.00	0		0 OCCUPATIONAL THERAPY	67.00	0	210,040	31.00
32.00		0.00	0		0 SPEECH PATHOLOGY	68.00	0	52,386	32.00
33.00		0.00	0		0 ELECTROCARDIOLOGY	69.00	0	214,299	33.00
34.00		0.00	0		0 ELECTROENCEPHALOGRAPHY	70.00	0	40,318	34.00
35.00		0.00	0		0 IP RENAL DIALYSIS	76.01	0	98,264	35.00
36.00		0.00	0		0 CARDIAC REHABILITATION	76.97	0	24,123	36.00
37.00		0.00	0		0 CLINIC	90.00	0	140,904	37.00
38.00		0.00	0		0 EMERGENCY	91.00	0	1,397,419	38.00
	TOTALS		0	20,743,186	TOTALS		0	20,743,186	
	B - DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,394,966	ADMINISTRATIVE & GENERAL	5.00	0	601	1.00
2.00		0.00	0		0 OPERATION OF PLANT	7.00	0	24	2.00
3.00		0.00	0		0 LAUNDRY & LINEN SERVICE	8.00	0	8	3.00
4.00		0.00	0		0 PHARMACY	15.00	0	8,605,397	4.00
5.00		0.00	0		0 MEDICAL RECORDS & LIBRARY	16.00	0	3,640	5.00
6.00		0.00	0		0 ADULTS & PEDIATRICS	30.00	0	489,865	6.00
7.00		0.00	0		0 INTENSIVE CARE UNIT	31.00	0	88,788	7.00
8.00		0.00	0		0 SUBPROVIDER - IRF	41.00	0	465	8.00
9.00		0.00	0		0 NURSERY	43.00	0	1,972	9.00
10.00		0.00	0		0 SKILLED NURSING FACILITY	44.00	0	13,334	10.00
11.00		0.00	0		0 OPERATING ROOM	50.00	0	179,790	11.00
12.00		0.00	0		0 RECOVERY ROOM	51.00	0	9,910	12.00
13.00		0.00	0		0 DELIVERY ROOM & LABOR ROOM	52.00	0	39,842	13.00
14.00		0.00	0		0 ANESTHESIOLOGY	53.00	0	109,506	14.00
15.00		0.00	0		0 RADIOLOGY-DIAGNOSTIC	54.00	0	19,458	15.00
16.00		0.00	0		0 OUTPATIENT ONCOLOGY	54.01	0	6,506,144	16.00
17.00		0.00	0		0 RADIOLOGY-THERAPEUTIC	55.00	0	5	17.00
18.00		0.00	0		0 CT SCAN	57.00	0	76	18.00

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/4/2019 10:11 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
19.00		0.00		0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	69,319 19.00
20.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	14,139 20.00
21.00		0.00		0	0 LABORATORY	60.00		0	6,335 21.00
22.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	308 22.00
23.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	317 23.00
24.00		0.00		0	0 OCCUPATIONAL THERAPY	67.00		0	14 24.00
25.00		0.00		0	0 ELECTROCARDIOLOGY	69.00		0	1,578 25.00
26.00		0.00		0	0 IP RENAL DIALYSIS	76.01		0	8,042 26.00
27.00		0.00		0	0 CLINIC	90.00		0	17,497 27.00
28.00		0.00		0	0 EMERGENCY	91.00		0	345,315 28.00
29.00		0.00		0	0 OUTPATIENT PHARMACY	194.01		0	859,950 29.00
30.00		0.00		0	0 SUBPROVIDER - IPF	40.00		0	3,327 30.00
	TOTALS			0	TOTALS			0	17,394,966
C - SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	11,235,181	0		0	279 1.00
2.00		0.00		0	0 ADMINISTRATIVE & GENERAL	5.00		0	89,750 2.00
3.00		0.00		0	0 OPERATION OF PLANT	7.00		0	977 3.00
4.00		0.00		0	0 LAUNDRY & LINEN SERVICE	8.00		0	425,767 4.00
5.00		0.00		0	0 HOUSEKEEPING	9.00		0	29,896 5.00
6.00		0.00		0	0 DIETARY	10.00		0	3,154 6.00
7.00		0.00		0	0 NURSING ADMINISTRATION	13.00		0	3,760 7.00
8.00		0.00		0	0 CENTRAL SERVICES & SUPPLY	14.00		0	553,330 8.00
9.00		0.00		0	0 PHARMACY	15.00		0	33,321 9.00
10.00		0.00		0	0 MEDICAL RECORDS & LIBRARY	16.00		0	4,709 10.00
11.00		0.00		0	0 ADULTS & PEDIATRICS	30.00		0	838,464 11.00
12.00		0.00		0	0 INTENSIVE CARE UNIT	31.00		0	387,216 12.00
13.00		0.00		0	0 SUBPROVIDER - IPF	40.00		0	101,792 13.00
14.00		0.00		0	0 SUBPROVIDER - IRF	41.00		0	21,063 14.00
15.00		0.00		0	0 NURSERY	43.00		0	41,704 15.00
16.00		0.00		0	0 SKILLED NURSING FACILITY	44.00		0	65,645 16.00
17.00		0.00		0	0 OPERATING ROOM	50.00		0	6,541,821 17.00
18.00		0.00		0	0 RECOVERY ROOM	51.00		0	22,100 18.00
19.00		0.00		0	0 DELIVERY ROOM & LABOR ROOM	52.00		0	373,907 19.00
20.00		0.00		0	0 ANESTHESIOLOGY	53.00		0	302,239 20.00
21.00		0.00		0	0 RADIOLOGY-DIAGNOSTIC	54.00		0	306,595 21.00
22.00		0.00		0	0 OUTPATIENT ONCOLOGY	54.01		0	29,162 22.00
23.00		0.00		0	0 RADIOLOGY-THERAPEUTIC	55.00		0	5,301 23.00
24.00		0.00		0	0 CT SCAN	57.00		0	8,769 24.00
25.00		0.00		0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	26,171 25.00
26.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	172,801 26.00
27.00		0.00		0	0 LABORATORY	60.00		0	48,315 27.00
28.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	126,867 28.00
29.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	8,632 29.00
30.00		0.00		0	0 OCCUPATIONAL THERAPY	67.00		0	3,968 30.00
31.00		0.00		0	0 ELECTROCARDIOLOGY	69.00		0	14,114 31.00
32.00		0.00		0	0 ELECTROENCEPHALOGRAPHY	70.00		0	13,049 32.00
33.00		0.00		0	0 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00		0	7 33.00
34.00		0.00		0	0 IP RENAL DIALYSIS	76.01		0	110,422 34.00
35.00		0.00		0	0 CARDIAC REHABILITATION	76.97		0	682 35.00
36.00		0.00		0	0 CLINIC	90.00		0	12,788 36.00
37.00		0.00		0	0 EMERGENCY	91.00		0	506,644 37.00
	TOTALS			0	TOTALS			0	11,235,181
D - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0	5,812,967	0		0	199 1.00
2.00		0.00		0	0 OPERATION OF PLANT	7.00		0	116 2.00
3.00		0.00		0	0 HOUSEKEEPING	9.00		0	293 3.00
4.00		0.00		0	0 NURSING ADMINISTRATION	13.00		0	76 4.00
5.00		0.00		0	0 ADULTS & PEDIATRICS	30.00		0	68,472 5.00
6.00		0.00		0	0 INTENSIVE CARE UNIT	31.00		0	34,414 6.00
7.00		0.00		0	0 SUBPROVIDER - IRF	41.00		0	122 7.00
8.00		0.00		0	0 NURSERY	43.00		0	257 8.00

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/4/2019 10:11 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
9.00		0.00	0	0	0 SKILLED NURSING FACILITY	44.00	0	1,142	9.00
10.00		0.00	0	0	0 OPERATING ROOM	50.00	0	5,055,698	10.00
11.00		0.00	0	0	0 RECOVERY ROOM	51.00	0	708	11.00
12.00		0.00	0	0	0 DELIVERY ROOM & LABOR ROOM	52.00	0	53,977	12.00
13.00		0.00	0	0	0 ANESTHESIOLOGY	53.00	0	23,942	13.00
14.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	158,655	14.00
15.00		0.00	0	0	0 OUTPATIENT ONCOLOGY	54.01	0	931	15.00
16.00		0.00	0	0	0 RADIOLOGY-THERAPEUTIC	55.00	0	18	16.00
17.00		0.00	0	0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,863	17.00
18.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	343,160	18.00
19.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	277	19.00
20.00		0.00	0	0	0 IP RENAL DIALYSIS	76.01	0	9,444	20.00
21.00		0.00	0	0	0 CLINIC	90.00	0	3	21.00
22.00		0.00	0	0	0 EMERGENCY	91.00	0	54,796	22.00
23.00		0.00	0	0	0 SUBPROVIDER - IPF	40.00	0	404	23.00
	TOTALS		0	5,812,967	TOTALS		0	5,812,967	
E - BUILDING INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	281,326	ADMINISTRATIVE & GENERAL	5.00	0	281,326	1.00
	TOTALS		0	281,326	TOTALS		0	281,326	
F - MORTGAGE INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,605,789	INTEREST EXPENSE	113.00	0	5,605,789	1.00
	TOTALS		0	5,605,789	TOTALS		0	5,605,789	
G - DEPRECIATION1									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,682,495	ADMINISTRATIVE & GENERAL	5.00	0	4,658,491	1.00
2.00		0.00	0	0	0 OPERATION OF PLANT	7.00	0	73,063	2.00
3.00		0.00	0	0	0 NURSING ADMINISTRATION	13.00	0	42,906	3.00
4.00		0.00	0	0	0 CENTRAL SERVICES & SUPPLY	14.00	0	110,620	4.00
5.00		0.00	0	0	0 PHARMACY	15.00	0	1,533	5.00
6.00		0.00	0	0	0 MEDICAL RECORDS & LIBRARY	16.00	0	834	6.00
7.00		0.00	0	0	0 ADULTS & PEDIATRICS	30.00	0	88,413	7.00
8.00		0.00	0	0	0 INTENSIVE CARE UNIT	31.00	0	224,716	8.00
9.00		0.00	0	0	0 SUBPROVIDER - IRF	41.00	0	5,333	9.00
10.00		0.00	0	0	0 OPERATING ROOM	50.00	0	528,874	10.00
11.00		0.00	0	0	0 RECOVERY ROOM	51.00	0	1,727	11.00
12.00		0.00	0	0	0 DELIVERY ROOM & LABOR ROOM	52.00	0	28,511	12.00
13.00		0.00	0	0	0 ANESTHESIOLOGY	53.00	0	189,049	13.00
14.00		0.00	0	0	0 RADIOLOGY-DIAGNOSTIC	54.00	0	814,439	14.00
15.00		0.00	0	0	0 OUTPATIENT ONCOLOGY	54.01	0	227,303	15.00
16.00		0.00	0	0	0 RADIOLOGY-THERAPEUTIC	55.00	0	436,151	16.00
17.00		0.00	0	0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	255,069	17.00
18.00		0.00	0	0	0 CARDIAC CATHETERIZATION	59.00	0	278,780	18.00
19.00		0.00	0	0	0 LABORATORY	60.00	0	129,969	19.00
20.00		0.00	0	0	0 RESPIRATORY THERAPY	65.00	0	40,127	20.00
21.00		0.00	0	0	0 PHYSICAL THERAPY	66.00	0	10,555	21.00
22.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	163,098	22.00
23.00		0.00	0	0	0 ELECTROENCEPHALOGRAPHY	70.00	0	16,190	23.00
24.00		0.00	0	0	0 IP RENAL DIALYSIS	76.01	0	15,733	24.00
25.00		0.00	0	0	0 CLINIC	90.00	0	16,205	25.00
26.00		0.00	0	0	0 EMERGENCY	91.00	0	324,806	26.00
	TOTALS		0	8,682,495	TOTALS		0	8,682,495	
H - DEPRECIATION2									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,522,468	ADMINISTRATIVE & GENERAL	5.00	0	8,579,697	1.00
2.00		0.00	0	0	0 OPERATION OF PLANT	7.00	0	470,034	2.00
3.00		0.00	0	0	0 DIETARY	10.00	0	4,763	3.00
4.00		0.00	0	0	0 CAFETERIA	11.00	0	381	4.00
5.00		0.00	0	0	0 NURSING ADMINISTRATION	13.00	0	157,225	5.00
6.00		0.00	0	0	0 CENTRAL SERVICES & SUPPLY	14.00	0	583	6.00
7.00		0.00	0	0	0 PHARMACY	15.00	0	20,827	7.00
8.00		0.00	0	0	0 ADULTS & PEDIATRICS	30.00	0	5,900	8.00
9.00		0.00	0	0	0 SKILLED NURSING FACILITY	44.00	0	3,800	9.00

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
12/4/2019 10:11 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
10.00		0.00	0	0	0 OPERATING ROOM	50.00	0	7,245	10.00
11.00		0.00	0	0	0 DELIVERY ROOM & LABOR ROOM	52.00	0	5,697	11.00
12.00		0.00	0	0	0 OUTPATIENT ONCOLOGY	54.01	0	30,337	12.00
13.00		0.00	0	0	0 CT SCAN	57.00	0	211,429	13.00
14.00		0.00	0	0	0 ELECTROCARDIOLOGY	69.00	0	1,136	14.00
15.00		0.00	0	0	0 CLINIC	90.00	0	1,282	15.00
16.00		0.00	0	0	0 EMERGENCY	91.00	0	12,080	16.00
17.00		0.00	0	0	0 SUBPROVIDER - IPF	40.00	0	10,052	17.00
	TOTALS			9,522,468	TOTALS			9,522,468	
I - PHONE									
1.00	OPERATION OF PLANT	7.00	0	253,962	ADMINISTRATIVE & GENERAL	5.00	0	251,926	1.00
2.00		0.00	0	0	0 DIETARY	10.00	0	2,036	2.00
	TOTALS			253,962	TOTALS			253,962	
J - CAFETERIA									
1.00	CAFETERIA	11.00	817,702	1,142,232	DIETARY	10.00	817,702	1,142,232	1.00
	TOTALS		817,702	1,142,232	TOTALS		817,702	1,142,232	
K - INTERNS RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,378,449	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,378,449	0	1.00
	TOTALS		2,378,449	0	TOTALS		2,378,449	0	
L - CONVENT MAINT									
1.00	CONVENT	194.00	12,338	75,738	OPERATION OF PLANT	7.00	12,338	75,738	1.00
	TOTALS		12,338	75,738	TOTALS		12,338	75,738	
M - RECLASS EHW SALARY ACCRUAL									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	364,197	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	364,197	1.00
	TOTALS		364,197	0	TOTALS		0	364,197	
500.00	Grand Total: Increases		3,572,686	80,750,310	Grand Total: Decreases		3,208,489	81,114,507	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
12/4/2019 10:11 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,010,000	0	0	0	0	1.00	
2.00	Land Improvements	272,750	0	0	0	0	2.00	
3.00	Buildings and Fixtures	116,763,265	3,949,048	0	3,949,048	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	26,428,582	2,172,738	0	2,172,738	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	178,474,597	6,121,786	0	6,121,786	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	178,474,597	6,121,786	0	6,121,786	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	35,010,000	0				1.00	
2.00	Land Improvements	272,750	0				2.00	
3.00	Buildings and Fixtures	120,712,313	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	28,601,320	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	184,596,383	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	184,596,383	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	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)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	152,046,015	0	152,046,015	0.851920	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,428,582	0	26,428,582	0.148080	0	2.00
3.00	Total (sum of lines 1-2)	178,474,597	0	178,474,597	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,916,110	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,727,627	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,643,737	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	1,155,272	281,326	0	0	8,352,708	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,727,627	2.00
3.00	Total (sum of lines 1-2)	1,155,272	281,326	0	0	19,080,335	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	-8,650,963	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)						
3.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)						
4.00	Investment income - other (chapter 2)						
5.00	Trade, quantity, and time discounts (chapter 8)						
6.00	Refunds and rebates of expenses (chapter 8)						
7.00	Rental of provider space by suppliers (chapter 8)						
8.00	Telephone services (pay stations excluded) (chapter 21)						
9.00	Television and radio service (chapter 21)						
10.00	Parking lot (chapter 21)						
11.00	Provider-based physician adjustment	A-8-2	-6,827,337				
12.00	Sale of scrap, waste, etc. (chapter 23)						
13.00	Related organization transactions (chapter 10)	A-8-1	-3,047,637				
14.00	Laundry and linen service						
15.00	Cafeteria-employees and guests	B	-1,137,942	CAFETERIA	11.00		
16.00	Rental of quarters to employee and others						
17.00	Sale of medical and surgical supplies to other than patients						
18.00	Sale of drugs to other than patients						
19.00	Sale of medical records and abstracts						
20.00	Nursing and allied health education (tuition, fees, books, etc.)						
21.00	Vending machines						
22.00	Income from imposition of interest, finance or penalty charges (chapter 21)						
23.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						
24.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		
25.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		
26.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00		
27.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,766,385	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
28.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,205,159	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
29.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
30.00	Physicians' assistant				0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest				0.00		32.00
33.00	MISC REV OFFSET	B		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		33.00
34.00	MISC REV OFFSET	B	-1,213,562	ADMINISTRATIVE & GENERAL	5.00		34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
36.00	MISC REV OFFSET	B		0NURSING ADMINISTRATION	13.00	0	36.00
37.00	MISC REV OFFSET	B		0PHARMACY	15.00	0	37.00
38.00	MISC REV OFFSET	B	-253,640	OPERATING ROOM	50.00	0	38.00
39.00	MISC REV OFFSET	B	-2,101	RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
41.00	MISC REV OFFSET	B	-2,534	DELIVERY ROOM & LABOR ROOM	52.00	0	41.00
43.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	43.00
44.00	MISC REV OFFSET	B	-71,783	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	44.00
45.00	MISC REV OFFSET	B	-3,334	CARDIAC REHABILITATION	76.97	0	45.00
46.00	MISC REV OFFSET	B	-4	CLINIC	90.00	0	46.00
47.00	COST OFFSET- CONTRIBUTIONS	A	-74,812	ADMINISTRATIVE & GENERAL	5.00	0	47.00
48.00	OFFSET ALCOHOL EXPENSE	A	-633	ADMINISTRATIVE & GENERAL	5.00	0	48.00
48.01	COST OFFSET- CONTRIBUTIONS	A	-669,636	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	48.01
48.02	INCOME TAX	A		0ADMINISTRATIVE & GENERAL	5.00	0	48.02
48.03	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	48.03
48.04	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	48.04
48.05	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	48.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,517,144				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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:

12/4/2019 10:11 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4,200,446	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,015,204	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	23,020,394	33,641,827	3.00
4.00	7.00	OPERATION OF PLANT	HOME OFFICE	134,621	0	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE	3,813	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,316,595	0	4.02
4.03	31.00	INTENSIVE CARE UNIT	HOME OFFICE	718,370	0	4.03
4.04	60.00	LABORATORY	ALVERNO	9,278,939	9,094,192	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			39,688,382	42,736,019	5.00

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

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

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

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

6.00	B		100.00	PRESENCE HEALTH	100.00	6.00
7.00	C		66.67	ALVERNO	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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:
12/4/2019 10:11 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,200,446	11		1.00
2.00	1,015,204	0		2.00
3.00	-10,621,433	0		3.00
4.00	134,621	0		4.00
4.01	3,813	0		4.01
4.02	1,316,595	0		4.02
4.03	718,370	0		4.03
4.04	184,747	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
5.00	-3,047,637			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	SOLE CORPORATE MEMBER		6.00
7.00	LAB		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: 14-0180

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

Worksheet A-8-2

Date/Time Prepared:
12/4/2019 10:11 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	324,129	324,129	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	283,832	283,832	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	49,777	49,777	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	32,500	32,500	0	0	0	4.00
5.00	43.00	NURSERY	228,708	228,708	0	0	0	5.00
6.00	50.00	OPERATING ROOM	920,442	920,442	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	138,587	138,587	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	2,211,859	2,211,859	0	0	0	8.00
9.00	54.01	OUTPATIENT ONCOLOGY	-7,092	-7,092	0	0	0	9.00
10.00	60.00	LABORATORY	36,637	36,637	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	15,984	15,984	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	85,540	85,540	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	362,782	362,782	0	0	0	13.00
14.00	90.00	CLINIC	488,659	488,659	0	0	0	14.00
15.00	91.00	EMERGENCY	1,486,874	1,486,874	0	0	0	15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	168,119	168,119	0	0	0	16.00
200.00			6,827,337	6,827,337	0	0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	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	0	0	0	0	0	8.00
9.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	16.00
200.00			0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	324,129		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	283,832		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	49,777		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	32,500		4.00
5.00	43.00	NURSERY	0	0	0	228,708		5.00
6.00	50.00	OPERATING ROOM	0	0	0	920,442		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	138,587		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	2,211,859		8.00
9.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	-7,092		9.00
10.00	60.00	LABORATORY	0	0	0	36,637		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	15,984		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	85,540		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	362,782		13.00
14.00	90.00	CLINIC	0	0	0	488,659		14.00
15.00	91.00	EMERGENCY	0	0	0	1,486,874		15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	168,119		16.00
200.00			0	0	0	6,827,337		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,352,708	8,352,708			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,727,627	10,727,627			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,308,502	57,733	74,148	22,440,383	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	61,828,073	496,411	637,556	2,257,916	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	12,318,256	1,014,235	1,302,612	307,121	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	610,430	34,892	44,813	29,323	8.00
9.00	00900	HOUSEKEEPING	4,043,023	104,950	134,790	265,262	9.00
10.00	01000	DIETARY	2,951,341	208,355	267,597	286,139	10.00
11.00	01100	CAFETERIA	821,994	31,163	40,023	190,020	11.00
13.00	01300	NURSING ADMINISTRATION	1,999,001	159,734	205,151	406,262	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	881,213	156,578	201,098	107,847	14.00
15.00	01500	PHARMACY	4,305,901	56,470	72,526	897,367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,476,997	98,081	125,969	10,211	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,378,449	0	0	552,711	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905,086	17,998	23,116	457,650	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	176,502	0	0	40,416	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,620,703	900,356	1,156,354	3,756,760	30.00
31.00	03100	INTENSIVE CARE UNIT	5,091,960	83,721	107,525	971,444	31.00
40.00	04000	SUBPROVIDER - IPF	18,467,896	750,124	963,406	2,898,020	40.00
41.00	04100	SUBPROVIDER - IRF	1,216,818	68,796	88,356	277,452	41.00
43.00	04300	NURSERY	718,753	15,374	19,745	161,781	43.00
44.00	04400	SKILLED NURSING FACILITY	2,683,193	77,193	99,141	568,624	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,934,003	442,807	568,710	1,530,061	50.00
51.00	05100	RECOVERY ROOM	811,766	29,020	37,271	185,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,523,489	203,065	260,802	1,072,731	52.00
53.00	05300	ANESTHESIOLOGY	182,430	4,269	5,483	28,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,288,590	174,784	224,480	873,201	54.00
54.01	03190	OUTPATIENT ONCOLOGY	2,157,597	1,877	2,411	329,440	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	452,507	10,714	13,761	60,080	55.00
57.00	05700	CT SCAN	671,084	17,907	22,998	154,028	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	508,063	6,595	8,470	67,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	658,548	45,606	58,573	136,593	59.00
60.00	06000	LABORATORY	10,152,747	156,561	201,076	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	49,943	0	0	11,581	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,321	12,998	16,694	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,081,528	9,402	12,075	404,158	65.00
66.00	06600	PHYSICAL THERAPY	2,667,698	74,228	95,333	604,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,084,624	7,990	10,262	250,695	67.00
68.00	06800	SPEECH PATHOLOGY	283,772	0	0	65,894	68.00
69.00	06900	ELECTROCARDIOLOGY	1,145,437	65,689	84,367	246,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,965	17,807	22,870	58,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,235,181	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,812,967	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,394,966	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,379,664	100,249	128,753	0	76.00
76.01	03950	IP RENAL DIALYSIS	528,324	5,042	6,475	107,936	76.01
76.97	07697	CARDIAC REHABILITATION	122,857	29,311	37,644	29,078	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	1,245,209	218,015	280,003	217,992	90.00
91.00	09100	EMERGENCY	7,418,092	1,318,038	1,692,793	1,559,831	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
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	269,879,798	7,284,138	9,355,230	22,437,516	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	5,673	7,286	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	554,908	987,208	1,267,901	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.00	07950	CONVENT	88,076	68,870	88,452	2,867	248,265	194.00
194.01	07951	OUTPATIENT PHARMACY	547,066	4,543	5,835	0	557,444	194.01
194.02	07952	FUND DEVELOPMENT	0	2,276	2,923	0	5,199	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	271,069,848	8,352,708	10,727,627	22,440,383	271,069,848	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	65,219,956					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,734,190	0	19,676,414			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	227,948	0	101,196	1,048,602		8.00
9.00	00900	HOUSEKEEPING	1,440,964	0	304,384	57,628	6,351,001	9.00
10.00	01000	DIETARY	1,176,538	0	604,287	0	199,152	10.00
11.00	01100	CAFETERIA	343,194	0	90,381	0	29,786	11.00
13.00	01300	NURSING ADMINISTRATION	877,674	0	463,273	0	152,679	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	426,690	0	454,119	1,407	149,662	14.00
15.00	01500	PHARMACY	1,689,437	0	163,779	0	53,976	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	542,183	0	284,463	0	93,749	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	928,688	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,078,452	0	52,200	0	17,203	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	68,727	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,107,886	0	2,611,280	319,514	860,588	30.00
31.00	03100	INTENSIVE CARE UNIT	1,981,680	0	242,813	30,504	80,023	31.00
40.00	04000	SUBPROVIDER - IPF	7,312,247	0	2,175,565	132,819	716,991	40.00
41.00	04100	SUBPROVIDER - IRF	523,225	0	199,526	0	65,757	41.00
43.00	04300	NURSERY	290,109	0	44,588	0	14,695	43.00
44.00	04400	SKILLED NURSING FACILITY	1,086,151	0	223,880	35,098	73,783	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,319,010	0	1,284,261	116,242	423,248	50.00
51.00	05100	RECOVERY ROOM	337,023	0	84,166	24,542	27,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,920,036	0	588,943	7,979	194,095	52.00
53.00	05300	ANESTHESIOLOGY	70,014	0	12,382	0	4,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,761,926	0	506,921	82,609	167,064	54.00
54.01	03190	OUTPATIENT ONCOLOGY	789,334	0	5,444	9,178	1,794	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	170,159	0	31,074	0	10,241	55.00
57.00	05700	CT SCAN	274,383	0	51,935	0	17,116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	187,219	0	19,126	0	6,303	58.00
59.00	05900	CARDIAC CATHETERIZATION	284,934	0	132,271	4,478	43,592	59.00
60.00	06000	LABORATORY	3,330,036	0	454,071	0	149,646	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	19,493	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,994	0	37,699	0	12,424	63.00
65.00	06500	RESPIRATORY THERAPY	794,352	0	27,268	0	8,987	65.00
66.00	06600	PHYSICAL THERAPY	1,090,308	0	215,280	27,625	70,949	66.00
67.00	06700	OCCUPATIONAL THERAPY	428,856	0	23,173	0	7,637	67.00
68.00	06800	SPEECH PATHOLOGY	110,786	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	488,706	0	190,517	14,658	62,788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,609	0	51,646	0	17,021	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,559,676	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,740	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,511,299	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,143,344	0	290,750	0	95,821	76.00
76.01	03950	IP RENAL DIALYSIS	205,237	0	14,622	3,955	4,819	76.01
76.97	07697	CARDIAC REHABILITATION	69,352	0	85,009	119	28,016	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	621,379	0	632,303	2,662	208,385	90.00
91.00	09100	EMERGENCY	3,798,433	0	3,822,672	176,657	1,259,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,068,621	0	16,577,267	1,047,674	5,329,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	4,106	0	16,453	0	5,422	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	890,306	0	2,863,175	928	943,604	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	78,659	0	199,743	0	65,828	194.00
194.01	07951	OUTPATIENT PHARMACY	176,617	0	13,176	0	4,343	194.01
194.02	07952	FUND DEVELOPMENT	1,647	0	6,600	0	2,175	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	65,219,956	0	19,676,414	1,048,602	6,351,001	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

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	5,693,409					10.00
11.00	01100	CAFETERIA	0	1,546,561				11.00
13.00	01300	NURSING ADMINISTRATION	0	32,888	4,296,662			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,730	0	2,387,344		14.00
15.00	01500	PHARMACY	0	72,644	0	0	7,312,100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	827	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	44,743	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	37,048	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3,272	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,277,855	304,114	1,318,045	424,483	1,300,351	30.00
31.00	03100	INTENSIVE CARE UNIT	239,636	78,641	379,725	74,449	228,019	31.00
40.00	04000	SUBPROVIDER - IPF	2,529,083	234,602	764,108	294,653	902,449	40.00
41.00	04100	SUBPROVIDER - IRF	255,502	22,460	114,142	35,446	108,561	41.00
43.00	04300	NURSERY	0	13,097	78,233	43,317	132,668	43.00
44.00	04400	SKILLED NURSING FACILITY	391,333	46,032	115,223	22,023	67,452	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	123,862	374,453	150,329	460,419	50.00
51.00	05100	RECOVERY ROOM	0	15,030	77,044	29,160	89,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	86,840	272,021	62,340	190,930	52.00
53.00	05300	ANESTHESIOLOGY	0	2,331	0	32,213	98,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,688	14,883	50,696	155,269	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	26,669	68,258	12	35	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,864	0	326	997	55.00
57.00	05700	CT SCAN	0	12,469	0	58,354	178,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,487	0	11,803	36,151	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,058	17,643	32,225	98,697	59.00
60.00	06000	LABORATORY	0	0	0	242,197	741,790	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	938	0	1	2	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,173	37,284	63.00
65.00	06500	RESPIRATORY THERAPY	0	32,718	0	73,649	225,568	65.00
66.00	06600	PHYSICAL THERAPY	0	48,896	0	38,353	117,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,294	0	26,923	82,460	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,334	0	3,460	10,597	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,994	14,729	60,634	185,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,748	186	615	1,882	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	90,251	276,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	69,827	213,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	317,957	973,824	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	19	59	76.00
76.01	03950	IP RENAL DIALYSIS	0	8,738	28,091	24,672	75,565	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,354	3,837	386	1,181	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	17,647	20,949	30	91	90.00
91.00	09100	EMERGENCY	0	126,272	635,092	104,368	319,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,693,409	1,546,329	4,296,662	2,387,344	7,312,100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	232	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
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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	
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)	5,693,409	1,546,561	4,296,662	2,387,344	7,312,100	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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						12/4/2019 10:11 am			
						INTERNS & RESIDENTS			
								</	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

 Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,632,480	0	0	3,904,591	4,588,753	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	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					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	288,917				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	43,883,615	-3,901,645	39,981,970	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,108,296	-410,462	9,697,834	31.00
40.00	04000	SUBPROVIDER - IPF	0	43,178,387	-3,899,840	39,278,547	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,090,865	0	3,090,865	41.00
43.00	04300	NURSERY	0	1,887,587	-281,397	1,606,190	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,664,993	0	5,664,993	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,727,405	0	16,727,405	50.00
51.00	05100	RECOVERY ROOM	0	1,747,737	0	1,747,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,383,271	0	9,383,271	52.00
53.00	05300	ANESTHESIOLOGY	0	440,661	0	440,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,371,111	0	8,371,111	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	3,392,049	0	3,392,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	754,723	0	754,723	55.00
57.00	05700	CT SCAN	0	1,458,998	0	1,458,998	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	856,998	0	856,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,524,218	0	1,524,218	59.00
60.00	06000	LABORATORY	0	15,428,124	0	15,428,124	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	81,958	0	81,958	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	153,587	0	153,587	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,669,705	0	3,669,705	65.00
66.00	06600	PHYSICAL THERAPY	0	5,050,145	0	5,050,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,942,914	0	1,942,914	67.00
68.00	06800	SPEECH PATHOLOGY	0	479,843	0	479,843	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,580,205	0	2,580,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	461,004	0	461,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,161,524	0	15,161,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,938,398	0	7,938,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,917	24,486,963	0	24,486,963	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,138,659	0	5,138,659	76.00
76.01	03950	IP RENAL DIALYSIS	0	1,013,476	0	1,013,476	76.01
76.97	07697	CARDIAC REHABILITATION	0	409,144	0	409,144	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	3,464,665	0	3,464,665	90.00
91.00	09100	EMERGENCY	0	22,231,722	0	22,231,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	288,917	262,162,950	-8,493,344	253,669,606	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	38,940	0	38,940	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,508,030	0	7,508,030	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	CONVENT	0	592,727	0	592,727	194.00
194.01	07951	OUTPATIENT PHARMACY	0	751,580	0	751,580	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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12/4/2019 10:11 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	FUND DEVELOPMENT	0	15,621	0	15,621		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0		194.03
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	288,917	271,069,848	-8,493,344	262,576,504		202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet Non-CMS Wo
Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	PATIENT DA YS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	7	NURSING HO URS	13.00
14.00	CENTRAL SERVICES & SUPPLY	I	INPATIENT REVENUE	14.00
15.00	PHARMACY	I	INPATIENT REVENUE	15.00
16.00	MEDICAL RECORDS & LIBRARY	6	PATIENT DA YS	16.00
17.00	SOCIAL SERVICE	99	DAYS	17.00
20.00	NURSING SCHOOL	9	PATIENT DA YS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	10	PATIENT DA YS	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10	PATIENT DA YS	22.00
23.00	PARAMED ED PRGM-PHARMACY	18	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	110	57,733	74,148	131,991	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,367	496,411	637,556	1,215,334	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,375	1,014,235	1,302,612	2,323,222	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	103	34,892	44,813	79,808	8.00
9.00	00900	HOUSEKEEPING	56	104,950	134,790	239,796	9.00
10.00	01000	DIETARY	10,865	208,355	267,597	486,817	10.00
11.00	01100	CAFETERIA	0	31,163	40,023	71,186	11.00
13.00	01300	NURSING ADMINISTRATION	12,767	159,734	205,151	377,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	402,529	156,578	201,098	760,205	14.00
15.00	01500	PHARMACY	8,575	56,470	72,526	137,571	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,007	98,081	125,969	229,057	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	422	17,998	23,116	41,536	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,558	900,356	1,156,354	2,133,268	30.00
31.00	03100	INTENSIVE CARE UNIT	4,983	83,721	107,525	196,229	31.00
40.00	04000	SUBPROVIDER - IPF	0	750,124	963,406	1,713,530	40.00
41.00	04100	SUBPROVIDER - IRF	5,602	68,796	88,356	162,754	41.00
43.00	04300	NURSERY	0	15,374	19,745	35,119	43.00
44.00	04400	SKILLED NURSING FACILITY	1,938	77,193	99,141	178,272	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	585,176	442,807	568,710	1,596,693	50.00
51.00	05100	RECOVERY ROOM	118	29,020	37,271	66,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,965	203,065	260,802	468,832	52.00
53.00	05300	ANESTHESIOLOGY	275	4,269	5,483	10,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,360	174,784	224,480	418,624	54.00
54.01	03190	OUTPATIENT ONCOLOGY	29,969	1,877	2,411	34,257	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	349	10,714	13,761	24,824	55.00
57.00	05700	CT SCAN	0	17,907	22,998	40,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,595	8,470	15,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,995	45,606	58,573	106,174	59.00
60.00	06000	LABORATORY	15,349	156,561	201,076	372,986	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	108	0	0	108	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	381	12,998	16,694	30,073	63.00
65.00	06500	RESPIRATORY THERAPY	207,456	9,402	12,075	228,933	65.00
66.00	06600	PHYSICAL THERAPY	5,141	74,228	95,333	174,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,987	7,990	10,262	20,239	67.00
68.00	06800	SPEECH PATHOLOGY	57	0	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	10,485	65,689	84,367	160,541	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	701	17,807	22,870	41,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	100,249	128,753	229,002	76.00
76.01	03950	IP RENAL DIALYSIS	163	5,042	6,475	11,680	76.01
76.97	07697	CARDIAC REHABILITATION	0	29,311	37,644	66,955	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	19,493	218,015	280,003	517,511	90.00
91.00	09100	EMERGENCY	17,979	1,318,038	1,692,793	3,028,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,538,764	7,284,138	9,355,230	18,178,132	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	5,673	7,286	12,959	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	987,208	1,267,901	2,255,109	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	CONVENT	0	68,870	88,452	157,322	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
194.01	07951	OUTPATIENT PHARMACY	0	4,543	5,835	10,378	0	194.01
194.02	07952	FUND DEVELOPMENT	0	2,276	2,923	5,199	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,538,764	8,352,708	10,727,627	20,619,099	131,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,228,616					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	89,190	0	2,414,219			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,294	0	12,416	96,690		8.00
9.00	00900	HOUSEKEEPING	27,147	0	37,347	5,314	311,164	9.00
10.00	01000	DIETARY	22,165	0	74,144	0	9,757	10.00
11.00	01100	CAFETERIA	6,466	0	11,089	0	1,459	11.00
13.00	01300	NURSING ADMINISTRATION	16,535	0	56,842	0	7,480	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,039	0	55,719	130	7,333	14.00
15.00	01500	PHARMACY	31,828	0	20,095	0	2,645	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,214	0	34,902	0	4,593	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,496	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,318	0	6,405	0	843	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,295	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,910	0	320,394	29,461	42,164	30.00
31.00	03100	INTENSIVE CARE UNIT	37,334	0	29,792	2,813	3,921	31.00
40.00	04000	SUBPROVIDER - IPF	137,658	0	266,933	12,247	35,129	40.00
41.00	04100	SUBPROVIDER - IRF	9,857	0	24,481	0	3,222	41.00
43.00	04300	NURSERY	5,466	0	5,471	0	720	43.00
44.00	04400	SKILLED NURSING FACILITY	20,463	0	27,469	3,236	3,615	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,529	0	157,574	10,719	20,737	50.00
51.00	05100	RECOVERY ROOM	6,349	0	10,327	2,263	1,359	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,173	0	72,261	736	9,510	52.00
53.00	05300	ANESTHESIOLOGY	1,319	0	1,519	0	200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,194	0	62,197	7,617	8,185	54.00
54.01	03190	OUTPATIENT ONCOLOGY	14,871	0	668	846	88	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,206	0	3,813	0	502	55.00
57.00	05700	CT SCAN	5,169	0	6,372	0	839	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,527	0	2,347	0	309	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,368	0	16,229	413	2,136	59.00
60.00	06000	LABORATORY	62,736	0	55,713	0	7,332	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	367	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	245	0	4,625	0	609	63.00
65.00	06500	RESPIRATORY THERAPY	14,965	0	3,346	0	440	65.00
66.00	06600	PHYSICAL THERAPY	20,541	0	26,414	2,547	3,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,079	0	2,843	0	374	67.00
68.00	06800	SPEECH PATHOLOGY	2,087	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,207	0	23,376	1,352	3,076	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,745	0	6,337	0	834	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,063	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,698	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,831	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,540	0	35,674	0	4,695	76.00
76.01	03950	IP RENAL DIALYSIS	3,867	0	1,794	365	236	76.01
76.97	07697	CARDIAC REHABILITATION	1,307	0	10,430	11	1,373	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	11,707	0	77,581	245	10,210	90.00
91.00	09100	EMERGENCY	71,561	0	469,026	16,289	61,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,206,926	0	2,033,965	96,604	261,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	77	0	2,019	0	266	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,773	0	351,300	86	46,231	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	1,482	0	24,508	0	3,225	194.00
194.01	07951	OUTPATIENT PHARMACY	3,327	0	1,617	0	213	194.01
194.02	07952	FUND DEVELOPMENT	31	0	810	0	107	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,228,616	0	2,414,219	96,690	311,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

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	594,566					10.00
11.00	01100	CAFETERIA	0	91,318				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,942	462,841			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	516	0	832,576		14.00
15.00	01500	PHARMACY	0	4,290	0	0	201,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,642	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,188	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	193	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	237,878	17,943	141,980	148,210	35,720	30.00
31.00	03100	INTENSIVE CARE UNIT	25,025	4,644	40,904	25,957	6,296	31.00
40.00	04000	SUBPROVIDER - IPF	264,114	13,855	82,311	102,733	24,917	40.00
41.00	04100	SUBPROVIDER - IRF	26,682	1,326	12,296	12,358	2,997	41.00
43.00	04300	NURSERY	0	773	8,427	15,103	3,663	43.00
44.00	04400	SKILLED NURSING FACILITY	40,867	2,719	12,412	7,679	1,862	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,315	40,337	52,413	12,712	50.00
51.00	05100	RECOVERY ROOM	0	888	8,299	10,167	2,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,129	29,302	21,735	5,272	52.00
53.00	05300	ANESTHESIOLOGY	0	138	0	11,231	2,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,175	1,603	17,676	4,287	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1,575	7,353	4	1	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	287	0	114	28	55.00
57.00	05700	CT SCAN	0	736	0	20,346	4,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	324	0	4,115	998	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	653	1,901	11,236	2,725	59.00
60.00	06000	LABORATORY	0	0	0	84,444	20,481	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	55	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,244	1,029	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,932	0	25,678	6,228	65.00
66.00	06600	PHYSICAL THERAPY	0	2,888	0	13,372	3,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,199	0	9,387	2,277	67.00
68.00	06800	SPEECH PATHOLOGY	0	315	0	1,206	293	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,181	1,587	21,141	5,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	280	20	214	52	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,467	7,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,346	5,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	110,858	26,888	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	7	2	76.00
76.01	03950	IP RENAL DIALYSIS	0	516	3,026	8,602	2,086	76.01
76.97	07697	CARDIAC REHABILITATION	0	139	413	134	33	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	1,042	2,257	10	3	90.00
91.00	09100	EMERGENCY	0	7,457	68,413	36,389	8,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	594,566	91,304	462,841	832,576	201,708	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	14	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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	
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)	594,566	91,318	462,841	832,576	201,708	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE		NURSING SCHOOL		INTERNS & RESIDENTS					
									SERVICES-SALAR				SERVICES-OTHER	
									Y & FRINGES APPRV				PRGM COSTS APPRV	
			16.00		17.00		20.00		21.00		22.00			
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	278,875									16.00		
17.00	01700	SOCIAL SERVICE	0		0							17.00		
20.00	02000	NURSING SCHOOL	0		0		0					20.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		0				23,389			21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		0					73,982		22.00		
23.00	02300	PARAMED ED PRGM-PHARMACY	0		0							23.00		
INPATIENT ROUTINE SERVICE COST CENTERS														
30.00	03000	ADULTS & PEDIATRICS	108,445		0							30.00		
31.00	03100	INTENSIVE CARE UNIT	11,409		0							31.00		
40.00	04000	SUBPROVIDER - IPF	120,405		0							40.00		
41.00	04100	SUBPROVIDER - IRF	12,164		0							41.00		
43.00	04300	NURSERY	7,821		0							43.00		
44.00	04400	SKILLED NURSING FACILITY	18,631		0							44.00		
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		
54.01	03190	OUTPATIENT ONCOLOGY	0		0							54.01		
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0							55.00		
57.00	05700	CT SCAN	0		0							57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0							58.00		
59.00	05900	CARDIAC CATHETERIZATION	0		0							59.00		
60.00	06000	LABORATORY	0		0							60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0							62.30		
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		
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0							70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0							71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0							72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0							73.00		
74.00	07400	RENAL DIALYSIS	0		0							74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0		0							75.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0							76.00		
76.01	03950	IP RENAL DIALYSIS	0		0							76.01		
76.97	07697	CARDIAC REHABILITATION	0		0							76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0							76.98		
76.99	07699	LITHOTRIPSY	0		0							76.99		
OUTPATIENT SERVICE COST CENTERS														
90.00	09000	CLINIC	0		0							90.00		
91.00	09100	EMERGENCY	0		0							91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART										92.00		
SPECIAL PURPOSE COST CENTERS														
113.00	11300	INTEREST EXPENSE										113.00		
114.00	11400	UTILIZATION REVIEW-SNF										114.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	278,875		0		0		0		0	118.00		
NONREIMBURSABLE COST CENTERS														
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		0							190.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		0							192.00		
193.00	19300	NONPAID WORKERS	0		0							193.00		
194.00	07950	CONVENT	0		0							194.00		
194.01	07951	OUTPATIENT PHARMACY	0		0							194.01		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

 Worksheet B
 Part II
 Date/Time Prepared:
 12/4/2019 10:11 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	16.00	SOCIAL SERVICE	17.00	NURSING SCHOOL	20.00	INTERNS & RESIDENTS		
									SERVICES-SALAR	SERVICES-OTHER	
									Y & FRINGES APPRV	PRGM COSTS APPRV	
194.02	07952	FUND DEVELOPMENT	0		0				21.00	22.00	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0		0						194.03
200.00		Cross Foot Adjustments					0		23,389	73,982	200.00
201.00		Negative Cost Centers	0		0		0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	278,875		0		0		23,389	73,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	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					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,726				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,371,457	0	3,371,457	30.00
31.00	03100	INTENSIVE CARE UNIT		390,039	0	390,039	31.00
40.00	04000	SUBPROVIDER - IPF		2,790,880	0	2,790,880	40.00
41.00	04100	SUBPROVIDER - IRF		269,769	0	269,769	41.00
43.00	04300	NURSERY		83,515	0	83,515	43.00
44.00	04400	SKILLED NURSING FACILITY		320,570	0	320,570	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,970,030	0	1,970,030	50.00
51.00	05100	RECOVERY ROOM		109,619	0	109,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		655,260	0	655,260	52.00
53.00	05300	ANESTHESIOLOGY		27,327	0	27,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		562,695	0	562,695	54.00
54.01	03190	OUTPATIENT ONCOLOGY		61,601	0	61,601	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		33,127	0	33,127	55.00
57.00	05700	CT SCAN		80,208	0	80,208	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		27,084	0	27,084	58.00
59.00	05900	CARDIAC CATHETERIZATION		147,639	0	147,639	59.00
60.00	06000	LABORATORY		603,692	0	603,692	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		598	0	598	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		40,825	0	40,825	63.00
65.00	06500	RESPIRATORY THERAPY		283,899	0	283,899	65.00
66.00	06600	PHYSICAL THERAPY		250,736	0	250,736	66.00
67.00	06700	OCCUPATIONAL THERAPY		45,873	0	45,873	67.00
68.00	06800	SPEECH PATHOLOGY		4,346	0	4,346	68.00
69.00	06900	ELECTROCARDIOLOGY		228,041	0	228,041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		51,205	0	51,205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		106,162	0	106,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		64,949	0	64,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		241,577	0	241,577	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		290,920	0	290,920	76.00
76.01	03950	IP RENAL DIALYSIS		32,807	0	32,807	76.01
76.97	07697	CARDIAC REHABILITATION		80,966	0	80,966	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		621,848	0	621,848	90.00
91.00	09100	EMERGENCY		3,777,668	0	3,777,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,626,932	0	17,626,932	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		15,321	0	15,321	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		2,669,499	0	2,669,499	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	CONVENT		186,568	0	186,568	194.00
194.01	07951	OUTPATIENT PHARMACY		15,535	0	15,535	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.02	07952	FUND DEVELOPMENT		6,147	0	6,147		194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE		0	0	0		194.03
200.00		Cross Foot Adjustments	1,726	99,097	0	99,097		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,726	20,619,099	0	20,619,099		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,005,667					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,005,667				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,951	6,951	96,566,504			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,768	59,768	9,716,356	-65,219,956	205,849,892	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	122,114	122,114	1,321,617	0	14,942,224	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,201	4,201	126,182	0	719,458	8.00
9.00	00900	HOUSEKEEPING	12,636	12,636	1,141,486	0	4,548,025	9.00
10.00	01000	DIETARY	25,086	25,086	1,231,326	0	3,713,432	10.00
11.00	01100	CAFETERIA	3,752	3,752	817,702	0	1,083,200	11.00
13.00	01300	NURSING ADMINISTRATION	19,232	19,232	1,748,245	0	2,770,148	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,852	18,852	464,092	0	1,346,736	14.00
15.00	01500	PHARMACY	6,799	6,799	3,861,585	0	5,332,264	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,809	11,809	43,940	0	1,711,258	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,378,449	0	2,931,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,167	2,167	1,969,377	0	3,403,850	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	173,921	0	216,918	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,403	108,403	16,166,381	0	22,434,173	30.00
31.00	03100	INTENSIVE CARE UNIT	10,080	10,080	4,180,357	0	6,254,650	31.00
40.00	04000	SUBPROVIDER - IPF	90,315	90,315	12,470,876	0	23,079,446	40.00
41.00	04100	SUBPROVIDER - IRF	8,283	8,283	1,193,942	0	1,651,422	41.00
43.00	04300	NURSERY	1,851	1,851	696,183	0	915,653	43.00
44.00	04400	SKILLED NURSING FACILITY	9,294	9,294	2,446,927	0	3,428,151	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,314	53,314	6,584,220	0	10,475,581	50.00
51.00	05100	RECOVERY ROOM	3,494	3,494	798,974	0	1,063,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	4,616,221	0	6,060,087	52.00
53.00	05300	ANESTHESIOLOGY	514	514	123,923	0	220,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,044	21,044	3,757,594	0	5,561,055	54.00
54.01	03190	OUTPATIENT ONCOLOGY	226	226	1,417,660	0	2,491,325	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	258,537	0	537,062	55.00
57.00	05700	CT SCAN	2,156	2,156	662,819	0	866,017	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	794	794	291,676	0	590,909	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,491	5,491	587,794	0	899,320	59.00
60.00	06000	LABORATORY	18,850	18,850	0	0	10,510,384	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	49,836	0	61,524	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	41,013	63.00
65.00	06500	RESPIRATORY THERAPY	1,132	1,132	1,739,190	0	2,507,163	65.00
66.00	06600	PHYSICAL THERAPY	8,937	8,937	2,599,199	0	3,441,269	66.00
67.00	06700	OCCUPATIONAL THERAPY	962	962	1,078,801	0	1,353,571	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	283,556	0	349,666	68.00
69.00	06900	ELECTROCARDIOLOGY	7,909	7,909	1,062,810	0	1,542,472	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,144	2,144	252,408	0	292,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,235,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,812,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,394,966	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,070	12,070	0	0	3,608,666	76.00
76.01	03950	IP RENAL DIALYSIS	607	607	464,474	0	647,777	76.01
76.97	07697	CARDIAC REHABILITATION	3,529	3,529	125,131	0	218,890	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	26,249	26,249	938,070	0	1,961,219	90.00
91.00	09100	EMERGENCY	158,692	158,692	6,712,329	0	11,988,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	877,011	877,011	96,554,166	-65,219,956	202,216,008	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	683	683	0	0	12,959	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,860	118,860	0	0	2,810,017	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.00	07950	CONVENT	8,292	8,292	12,338	0	248,265	194.00
194.01	07951	OUTPATIENT PHARMACY	547	547	0	0	557,444	194.01
194.02	07952	FUND DEVELOPMENT	274	274	0	0	5,199	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,352,708	10,727,627	22,440,383		65,219,956	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.305640	10.667176	0.232383		0.316833	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			131,991		1,228,616	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001367		0.005969	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	816,834				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,201	1,339,607			8.00
9.00	00900	HOUSEKEEPING	0	12,636	73,621	799,997		9.00
10.00	01000	DIETARY	0	25,086	0	25,086	97,244	10.00
11.00	01100	CAFETERIA	0	3,752	0	3,752	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,232	0	19,232	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,852	1,798	18,852	0	14.00
15.00	01500	PHARMACY	0	6,799	0	6,799	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,809	0	11,809	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,167	0	2,167	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	108,403	408,183	108,403	38,906	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,080	38,969	10,080	4,093	31.00
40.00	04000	SUBPROVIDER - IPF	0	90,315	169,679	90,315	43,197	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,283	0	8,283	4,364	41.00
43.00	04300	NURSERY	0	1,851	0	1,851	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	9,294	44,838	9,294	6,684	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,314	148,501	53,314	0	50.00
51.00	05100	RECOVERY ROOM	0	3,494	31,353	3,494	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,449	10,193	24,449	0	52.00
53.00	05300	ANESTHESIOLOGY	0	514	0	514	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,044	105,535	21,044	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	226	11,725	226	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,290	0	1,290	0	55.00
57.00	05700	CT SCAN	0	2,156	0	2,156	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	794	0	794	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,491	5,721	5,491	0	59.00
60.00	06000	LABORATORY	0	18,850	0	18,850	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,565	0	1,565	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,132	0	1,132	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,937	35,291	8,937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	962	0	962	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,909	18,726	7,909	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,144	0	2,144	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	12,070	0	12,070	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	607	5,052	607	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	3,529	152	3,529	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	26,249	3,401	26,249	0	90.00
91.00	09100	EMERGENCY	0	158,692	225,683	158,692	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	688,178	1,338,421	671,341	97,244	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	683	0	683	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	118,860	1,186	118,860	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	8,292	0	8,292	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	547	0	547	0	194.01
194.02	07952	FUND DEVELOPMENT	0	274	0	274	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	19,676,414	1,048,602	6,351,001	5,693,409	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	24.088632	0.782768	7.938781	58.547664	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,414,219	96,690	311,164	594,566	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.955581	0.072178	0.388956	6.114166	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
			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	82,211,835					11.00
13.00	01300	NURSING ADMINISTRATION	1,748,245	946,347				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	464,092	0	801,166,252			14.00
15.00	01500	PHARMACY	3,861,585	0	0	801,166,252		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,940	0	0	0	100,050	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,378,449	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,969,377	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	173,921	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,166,381	290,302	142,488,374	142,488,374	38,906	30.00
31.00	03100	INTENSIVE CARE UNIT	4,180,357	83,635	24,982,914	24,982,914	4,093	31.00
40.00	04000	SUBPROVIDER - IPF	12,470,876	168,296	98,876,823	98,876,823	43,197	40.00
41.00	04100	SUBPROVIDER - IRF	1,193,942	25,140	11,894,523	11,894,523	4,364	41.00
43.00	04300	NURSERY	696,183	17,231	14,535,781	14,535,781	2,806	43.00
44.00	04400	SKILLED NURSING FACILITY	2,446,927	25,378	7,390,432	7,390,432	6,684	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,584,220	82,474	50,445,851	50,445,851	0	50.00
51.00	05100	RECOVERY ROOM	798,974	16,969	9,785,130	9,785,130	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,616,221	59,913	20,919,304	20,919,304	0	52.00
53.00	05300	ANESTHESIOLOGY	123,923	0	10,809,693	10,809,693	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,757,594	3,278	17,012,041	17,012,041	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,417,660	15,034	3,860	3,860	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	258,537	0	109,270	109,270	0	55.00
57.00	05700	CT SCAN	662,819	0	19,581,921	19,581,921	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	291,676	0	3,960,880	3,960,880	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	587,794	3,886	10,813,793	10,813,793	0	59.00
60.00	06000	LABORATORY	0	0	81,274,296	81,274,296	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	49,836	0	193	193	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,085,055	4,085,055	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,739,190	0	24,714,327	24,714,327	0	65.00
66.00	06600	PHYSICAL THERAPY	2,599,199	0	12,870,102	12,870,102	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,078,801	0	9,034,715	9,034,715	0	67.00
68.00	06800	SPEECH PATHOLOGY	283,556	0	1,161,034	1,161,034	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,062,810	3,244	20,347,035	20,347,035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,408	41	206,240	206,240	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	30,285,545	30,285,545	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	23,432,018	23,432,018	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	106,697,092	106,697,092	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	6,414	6,414	0	76.00
76.01	03950	IP RENAL DIALYSIS	464,474	6,187	8,279,233	8,279,233	0	76.01
76.97	07697	CARDIAC REHABILITATION	125,131	845	129,435	129,435	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	938,070	4,614	10,013	10,013	0	90.00
91.00	09100	EMERGENCY	6,712,329	139,880	35,022,915	35,022,915	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,199,497	946,347	801,166,252	801,166,252	100,050	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	12,338	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
			11.00	13.00	14.00	15.00	16.00	
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,546,561	4,296,662	2,387,344	7,312,100	2,632,480	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.018812	4.540261	0.002980	0.009127	26.311644	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	91,318	462,841	832,576	201,708	278,875	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001111	0.489082	0.001039	0.000252	2.787356	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
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						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		84,693			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			84,693		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	38,906	38,906	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,093	4,093	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	38,888	38,888	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	2,806	2,806	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	84,693	84,693	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
					21.00	22.00		
194.00	07950	CONVENT	0	0	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	3,904,591	4,588,753	288,917	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	46.102877	54.181019	2,889.170000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	23,389	73,982	1,726	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.276162	0.873531	17.260000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/4/2019 10:11 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,981,970		39,981,970	0	39,981,970	30.00
31.00	03100	INTENSIVE CARE UNIT	9,697,834		9,697,834	0	9,697,834	31.00
40.00	04000	SUBPROVIDER - IPF	39,278,547		39,278,547	0	39,278,547	40.00
41.00	04100	SUBPROVIDER - IRF	3,090,865		3,090,865	0	3,090,865	41.00
43.00	04300	NURSERY	1,606,190		1,606,190	0	1,606,190	43.00
44.00	04400	SKILLED NURSING FACILITY	5,664,993		5,664,993	0	5,664,993	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,727,405		16,727,405	0	16,727,405	50.00
51.00	05100	RECOVERY ROOM	1,747,737		1,747,737	0	1,747,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,383,271		9,383,271	0	9,383,271	52.00
53.00	05300	ANESTHESIOLOGY	440,661		440,661	0	440,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,371,111		8,371,111	0	8,371,111	54.00
54.01	03190	OUTPATIENT ONCOLOGY	3,392,049		3,392,049	0	3,392,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	754,723		754,723	0	754,723	55.00
57.00	05700	CT SCAN	1,458,998		1,458,998	0	1,458,998	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	856,998		856,998	0	856,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,524,218		1,524,218	0	1,524,218	59.00
60.00	06000	LABORATORY	15,428,124		15,428,124	0	15,428,124	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	81,958		81,958	0	81,958	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	153,587		153,587	0	153,587	63.00
65.00	06500	RESPIRATORY THERAPY	3,669,705	0	3,669,705	0	3,669,705	65.00
66.00	06600	PHYSICAL THERAPY	5,050,145	0	5,050,145	0	5,050,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,914	0	1,942,914	0	1,942,914	67.00
68.00	06800	SPEECH PATHOLOGY	479,843	0	479,843	0	479,843	68.00
69.00	06900	ELECTROCARDIOLOGY	2,580,205		2,580,205	0	2,580,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	461,004		461,004	0	461,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,161,524		15,161,524	0	15,161,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,938,398		7,938,398	0	7,938,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,486,963		24,486,963	0	24,486,963	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,138,659		5,138,659	0	5,138,659	76.00
76.01	03950	IP RENAL DIALYSIS	1,013,476		1,013,476	0	1,013,476	76.01
76.97	07697	CARDIAC REHABILITATION	409,144		409,144	0	409,144	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	3,464,665		3,464,665	0	3,464,665	90.00
91.00	09100	EMERGENCY	22,231,722		22,231,722	0	22,231,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,934,424		3,934,424		3,934,424	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	257,604,030	0	257,604,030	0	257,604,030	200.00
201.00		Less Observation Beds	3,934,424		3,934,424		3,934,424	201.00
202.00		Total (see instructions)	253,669,606	0	253,669,606	0	253,669,606	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/4/2019 10:11 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,131,416		140,131,416			30.00	
31.00	03100	INTENSIVE CARE UNIT	24,982,914		24,982,914			31.00	
40.00	04000	SUBPROVIDER - IPF	98,876,823		98,876,823			40.00	
41.00	04100	SUBPROVIDER - IRF	11,894,523		11,894,523			41.00	
43.00	04300	NURSERY	14,535,781		14,535,781			43.00	
44.00	04400	SKILLED NURSING FACILITY	7,390,432		7,390,432			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,445,851	82,483,892	132,929,743	0.125836	0.000000	50.00	
51.00	05100	RECOVERY ROOM	9,785,130	10,863,677	20,648,807	0.084641	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,919,304	2,497,835	23,417,139	0.400701	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	10,809,693	16,076,775	26,886,468	0.016390	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,012,041	68,287,164	85,299,205	0.098138	0.000000	54.00	
54.01	03190	OUTPATIENT ONCOLOGY	3,860	72,847,399	72,851,259	0.046561	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	109,270	12,108,714	12,217,984	0.061771	0.000000	55.00	
57.00	05700	CT SCAN	19,581,921	36,459,827	56,041,748	0.026034	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,960,880	11,503,100	15,463,980	0.055419	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,813,793	3,353,657	14,167,450	0.107586	0.000000	59.00	
60.00	06000	LABORATORY	81,274,296	61,192,009	142,466,305	0.108293	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	193	96,563	96,756	0.847059	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,085,055	837,530	4,922,585	0.031200	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	24,714,327	3,077,130	27,791,457	0.132044	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	12,870,102	15,522,157	28,392,259	0.177870	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	9,034,715	3,925,552	12,960,267	0.149913	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,161,034	62,754	1,223,788	0.392097	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	20,347,035	25,544,207	45,891,242	0.056224	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	206,240	1,589,381	1,795,621	0.256738	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,285,545	17,039,276	47,324,821	0.320372	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,432,018	11,524,078	34,956,096	0.227096	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	106,697,092	69,464,324	176,161,416	0.139003	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,414	11,140,665	11,147,079	0.460987	0.000000	76.00	
76.01	03950	IP RENAL DIALYSIS	8,279,233	797,197	9,076,430	0.111660	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	129,435	403,080	532,515	0.768324	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	10,013	7,848,108	7,858,121	0.440902	0.000000	90.00	
91.00	09100	EMERGENCY	35,022,915	95,414,937	130,437,852	0.170439	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,356,958	15,459,071	17,816,029	0.220836	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
200.00		Subtotal (see instructions)	801,166,252	657,420,059	1,458,586,311			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	801,166,252	657,420,059	1,458,586,311			202.00	

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/4/2019 10:11 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	39,981,970		39,981,970	0	39,981,970	30.00
31.00	03100	INTENSIVE CARE UNIT	9,697,834		9,697,834	0	9,697,834	31.00
40.00	04000	SUBPROVIDER - IPF	39,278,547		39,278,547	0	39,278,547	40.00
41.00	04100	SUBPROVIDER - IRF	3,090,865		3,090,865	0	3,090,865	41.00
43.00	04300	NURSERY	1,606,190		1,606,190	0	1,606,190	43.00
44.00	04400	SKILLED NURSING FACILITY	5,664,993		5,664,993	0	5,664,993	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,727,405		16,727,405	0	16,727,405	50.00
51.00	05100	RECOVERY ROOM	1,747,737		1,747,737	0	1,747,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,383,271		9,383,271	0	9,383,271	52.00
53.00	05300	ANESTHESIOLOGY	440,661		440,661	0	440,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,371,111		8,371,111	0	8,371,111	54.00
54.01	03190	OUTPATIENT ONCOLOGY	3,392,049		3,392,049	0	3,392,049	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	754,723		754,723	0	754,723	55.00
57.00	05700	CT SCAN	1,458,998		1,458,998	0	1,458,998	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	856,998		856,998	0	856,998	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,524,218		1,524,218	0	1,524,218	59.00
60.00	06000	LABORATORY	15,428,124		15,428,124	0	15,428,124	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	81,958		81,958	0	81,958	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	153,587		153,587	0	153,587	63.00
65.00	06500	RESPIRATORY THERAPY	3,669,705	0	3,669,705	0	3,669,705	65.00
66.00	06600	PHYSICAL THERAPY	5,050,145	0	5,050,145	0	5,050,145	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,942,914	0	1,942,914	0	1,942,914	67.00
68.00	06800	SPEECH PATHOLOGY	479,843	0	479,843	0	479,843	68.00
69.00	06900	ELECTROCARDIOLOGY	2,580,205		2,580,205	0	2,580,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	461,004		461,004	0	461,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,161,524		15,161,524	0	15,161,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,938,398		7,938,398	0	7,938,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,486,963		24,486,963	0	24,486,963	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,138,659		5,138,659	0	5,138,659	76.00
76.01	03950	IP RENAL DIALYSIS	1,013,476		1,013,476	0	1,013,476	76.01
76.97	07697	CARDIAC REHABILITATION	409,144		409,144	0	409,144	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	3,464,665		3,464,665	0	3,464,665	90.00
91.00	09100	EMERGENCY	22,231,722		22,231,722	0	22,231,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,934,424		3,934,424		3,934,424	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	257,604,030	0	257,604,030	0	257,604,030	200.00
201.00		Less Observation Beds	3,934,424		3,934,424		3,934,424	201.00
202.00		Total (see instructions)	253,669,606	0	253,669,606	0	253,669,606	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/4/2019 10:11 am

			Title XIX		Hospital		12/7/2019 10:11 am 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						9.00	10.00	
30.00	03000	ADULTS & PEDIATRICS	140,131,416		140,131,416			30.00
31.00	03100	INTENSIVE CARE UNIT	24,982,914		24,982,914			31.00
40.00	04000	SUBPROVIDER - IPF	98,876,823		98,876,823			40.00
41.00	04100	SUBPROVIDER - IRF	11,894,523		11,894,523			41.00
43.00	04300	NURSERY	14,535,781		14,535,781			43.00
44.00	04400	SKILLED NURSING FACILITY	7,390,432		7,390,432			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,445,851	82,483,892	132,929,743	0.125836	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,785,130	10,863,677	20,648,807	0.084641	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,919,304	2,497,835	23,417,139	0.400701	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,809,693	16,076,775	26,886,468	0.016390	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,012,041	68,287,164	85,299,205	0.098138	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	3,860	72,847,399	72,851,259	0.046561	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	109,270	12,108,714	12,217,984	0.061771	0.000000	55.00
57.00	05700	CT SCAN	19,581,921	36,459,827	56,041,748	0.026034	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,960,880	11,503,100	15,463,980	0.055419	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,813,793	3,353,657	14,167,450	0.107586	0.000000	59.00
60.00	06000	LABORATORY	81,274,296	61,192,009	142,466,305	0.108293	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	193	96,563	96,756	0.847059	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,085,055	837,530	4,922,585	0.031200	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	24,714,327	3,077,130	27,791,457	0.132044	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,870,102	15,522,157	28,392,259	0.177870	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,034,715	3,925,552	12,960,267	0.149913	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,161,034	62,754	1,223,788	0.392097	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,347,035	25,544,207	45,891,242	0.056224	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206,240	1,589,381	1,795,621	0.256738	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,285,545	17,039,276	47,324,821	0.320372	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,432,018	11,524,078	34,956,096	0.227096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,697,092	69,464,324	176,161,416	0.139003	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,414	11,140,665	11,147,079	0.460987	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	8,279,233	797,197	9,076,430	0.111660	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	129,435	403,080	532,515	0.768324	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	10,013	7,848,108	7,858,121	0.440902	0.000000	90.00
91.00	09100	EMERGENCY	35,022,915	95,414,937	130,437,852	0.170439	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,356,958	15,459,071	17,816,029	0.220836	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	801,166,252	657,420,059	1,458,586,311			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	801,166,252	657,420,059	1,458,586,311			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
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
54.01	03190	OUTPATIENT ONCOLOGY	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.01	03950	IP RENAL DIALYSIS	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/4/2019 10:11 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,371,457	0	3,371,457	42,254	79.79	30.00
31.00	INTENSIVE CARE UNIT	390,039		390,039	4,093	95.29	31.00
40.00	SUBPROVIDER - IPF	2,790,880	0	2,790,880	43,197	64.61	40.00
41.00	SUBPROVIDER - IRF	269,769	0	269,769	4,364	61.82	41.00
43.00	NURSERY	83,515		83,515	2,806	29.76	43.00
44.00	SKILLED NURSING FACILITY	320,570		320,570	6,684	47.96	44.00
200.00	Total (lines 30 through 199)	7,226,230		7,226,230	103,398		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	17,388	1,387,389				30.00
31.00	INTENSIVE CARE UNIT	1,308	124,639				31.00
40.00	SUBPROVIDER - IPF	1,777	114,812				40.00
41.00	SUBPROVIDER - IRF	1,988	122,898				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	4,697	225,268				44.00
200.00	Total (lines 30 through 199)	27,158	1,975,006				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,970,030	132,929,743	0.014820	13,273,595	196,715	50.00
51.00	05100 RECOVERY ROOM	109,619	20,648,807	0.005309	2,497,746	13,261	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	655,260	23,417,139	0.027982	105,014	2,939	52.00
53.00	05300 ANESTHESIOLOGY	27,327	26,886,468	0.001016	2,760,767	2,805	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	562,695	85,299,205	0.006597	5,602,655	36,961	54.00
54.01	03190 OUTPATIENT ONCOLOGY	61,601	72,851,259	0.000846	3,853	3	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	33,127	12,217,984	0.002711	14,206	39	55.00
57.00	05700 CT SCAN	80,208	56,041,748	0.001431	5,894,228	8,435	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	27,084	15,463,980	0.001751	1,135,090	1,988	58.00
59.00	05900 CARDIAC CATHETERIZATION	147,639	14,167,450	0.010421	3,039,443	31,674	59.00
60.00	06000 LABORATORY	603,692	142,466,305	0.004237	21,500,518	91,098	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	598	96,756	0.006180	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	40,825	4,922,585	0.008293	1,191,904	9,884	63.00
65.00	06500 RESPIRATORY THERAPY	283,899	27,791,457	0.010215	8,034,550	82,073	65.00
66.00	06600 PHYSICAL THERAPY	250,736	28,392,259	0.008831	1,447,522	12,783	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,873	12,960,267	0.003540	800,147	2,833	67.00
68.00	06800 SPEECH PATHOLOGY	4,346	1,223,788	0.003551	265,749	944	68.00
69.00	06900 ELECTROCARDIOLOGY	228,041	45,891,242	0.004969	6,683,566	33,211	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	51,205	1,795,621	0.028517	59,961	1,710	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	106,162	47,324,821	0.002243	8,633,764	19,366	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,949	34,956,096	0.001858	6,068,189	11,275	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	241,577	176,161,416	0.001371	28,223,382	38,694	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	290,920	11,147,079	0.026098	2,702	71	76.00
76.01	03950 IP RENAL DIALYSIS	32,807	9,076,430	0.003615	3,308,865	11,962	76.01
76.97	07697 CARDIAC REHABILITATION	80,966	532,515	0.152045	38,065	5,788	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	621,848	7,858,121	0.079134	6,052	479	90.00
91.00	09100 EMERGENCY	3,777,668	130,437,852	0.028961	9,081,819	263,019	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	331,766	17,816,029	0.018622	892,977	16,629	92.00
200.00	Total (lines 50 through 199)	10,732,468	1,160,774,422		130,566,329	896,639	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/4/2019 10:11 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
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	42,254	0.00	17,388		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,093	0.00	1,308		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	43,197	0.00	1,777		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,364	0.00	1,988		41.00		
43.00	04300	NURSERY	0	0	2,806	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	6,684	0.00	4,697		44.00		
200.00		Total (lines 30 through 199)	0	0	103,398		27,158		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0	0							31.00
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
41.00	04100	SUBPROVIDER - IRF	0	0							41.00
43.00	04300	NURSERY	0	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0	0							44.00
200.00		Total (lines 30 through 199)	0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0180

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

Worksheet D
Part IV
Date/Time Prepared:
12/4/2019 10:11 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	288,917	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
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	288,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	132,929,743	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,648,807	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,417,139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,886,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	85,299,205	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	72,851,259	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,217,984	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,041,748	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,463,980	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,167,450	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	142,466,305	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	96,756	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,922,585	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,791,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,392,259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,960,267	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,223,788	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,891,242	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,795,621	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,324,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,956,096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,917	288,917	176,161,416	0.001640	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	11,147,079	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	9,076,430	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	532,515	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	7,858,121	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	130,437,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,816,029	0.000000	92.00
200.00		Total (lines 50 through 199)	0	288,917	288,917	1,160,774,422		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		13,273,595	0	16,765,987	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		2,497,746	0	1,885,164	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		105,014	0	70,494	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,760,767	0	3,208,038	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		5,602,655	0	10,508,859	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		3,853	0	2,096,615	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		14,206	0	2,951,715	0	55.00
57.00	05700	CT SCAN	0.000000		5,894,228	0	6,970,998	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		1,135,090	0	2,104,233	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		3,039,443	0	1,140,398	0	59.00
60.00	06000	LABORATORY	0.000000		21,500,518	0	9,502,688	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	32,218	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		1,191,904	0	120,403	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		8,034,550	0	313,635	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,447,522	0	63,519	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		800,147	0	39,640	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		265,749	0	7,822	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		6,683,566	0	5,659,922	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		59,961	0	241,612	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		8,633,764	0	3,591,620	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		6,068,189	0	2,913,959	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001640		28,223,382	46,286	37,507,488	61,512	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		2,702	0	2,109,462	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000		3,308,865	0	743,517	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		38,065	0	91,377	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		6,052	0	1,398,918	0	90.00
91.00	09100	EMERGENCY	0.000000		9,081,819	0	9,489,285	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		892,977	0	3,856,988	0	92.00
200.00		Total (lines 50 through 199)			130,566,329	46,286	125,386,574	61,512	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
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
54.01	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Total (lines 50 through 199)	0	0					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.125836	16,765,987	0	0	2,109,765	50.00
51.00	05100	RECOVERY ROOM	0.084641	1,885,164	0	0	159,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400701	70,494	0	3	28,247	52.00
53.00	05300	ANESTHESIOLOGY	0.016390	3,208,038	0	0	52,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098138	10,508,859	0	0	1,031,318	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.046561	2,096,615	0	25	97,620	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061771	2,951,715	0	0	182,330	55.00
57.00	05700	CT SCAN	0.026034	6,970,998	0	0	181,483	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055419	2,104,233	0	0	116,614	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107586	1,140,398	0	0	122,691	59.00
60.00	06000	LABORATORY	0.108293	9,502,688	0	0	1,029,075	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	32,218	0	0	27,291	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.031200	120,403	0	0	3,757	63.00
65.00	06500	RESPIRATORY THERAPY	0.132044	313,635	0	0	41,414	65.00
66.00	06600	PHYSICAL THERAPY	0.177870	63,519	0	0	11,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.149913	39,640	0	0	5,943	67.00
68.00	06800	SPEECH PATHOLOGY	0.392097	7,822	0	0	3,067	68.00
69.00	06900	ELECTROCARDIOLOGY	0.056224	5,659,922	0	0	318,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.256738	241,612	0	0	62,031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	3,591,620	0	0	1,150,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227096	2,913,959	0	0	661,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139003	37,507,488	0	231,514	5,213,653	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	2,109,462	0	0	972,435	76.00
76.01	03950	IP RENAL DIALYSIS	0.111660	743,517	0	0	83,021	76.01
76.97	07697	CARDIAC REHABILITATION	0.768324	91,377	0	0	70,207	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	0.440902	1,398,918	0	0	616,786	90.00
91.00	09100	EMERGENCY	0.170439	9,489,285	0	88	1,617,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.220836	3,856,988	0	24	851,762	92.00
200.00		Subtotal (see instructions)		125,386,574	0	231,654	16,821,919	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		125,386,574	0	231,654	16,821,919	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	1		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,181		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	IP RENAL DIALYSIS	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	15		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5		92.00
200.00		Subtotal (see instructions)	0	32,203		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	32,203		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/4/2019 10:11 am		
				Component CCN: 14-S180				
				Title XVIII	Subprovider - IPF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,970,030	132,929,743	0.014820	8,953	133	50.00
51.00	05100	RECOVERY ROOM	109,619	20,648,807	0.005309	762	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	655,260	23,417,139	0.027982	39	1	52.00
53.00	05300	ANESTHESIOLOGY	27,327	26,886,468	0.001016	2,824	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,695	85,299,205	0.006597	35,182	232	54.00
54.01	03190	OUTPATIENT ONCOLOGY	61,601	72,851,259	0.000846	7	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	33,127	12,217,984	0.002711	0	0	55.00
57.00	05700	CT SCAN	80,208	56,041,748	0.001431	70,187	100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,084	15,463,980	0.001751	7,862	14	58.00
59.00	05900	CARDIAC CATHETERIZATION	147,639	14,167,450	0.010421	138	1	59.00
60.00	06000	LABORATORY	603,692	142,466,305	0.004237	438,455	1,858	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	598	96,756	0.006180	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,825	4,922,585	0.008293	5,985	50	63.00
65.00	06500	RESPIRATORY THERAPY	283,899	27,791,457	0.010215	63,472	648	65.00
66.00	06600	PHYSICAL THERAPY	250,736	28,392,259	0.008831	7,908	70	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,873	12,960,267	0.003540	2,271	8	67.00
68.00	06800	SPEECH PATHOLOGY	4,346	1,223,788	0.003551	5,733	20	68.00
69.00	06900	ELECTROCARDIOLOGY	228,041	45,891,242	0.004969	96,318	479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,205	1,795,621	0.028517	1,192	34	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	106,162	47,324,821	0.002243	32,499	73	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,949	34,956,096	0.001858	735	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,577	176,161,416	0.001371	835,332	1,145	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	290,920	11,147,079	0.026098	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	32,807	9,076,430	0.003615	15,241	55	76.01
76.97	07697	CARDIAC REHABILITATION	80,966	532,515	0.152045	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	621,848	7,858,121	0.079134	138	11	90.00
91.00	09100	EMERGENCY	3,777,668	130,437,852	0.028961	406,025	11,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,816,029	0.000000	5,928	0	92.00
200.00		Total (lines 50 through 199)	10,400,702	1,160,774,422		2,043,186	16,699	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	288,917	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
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	288,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	132,929,743	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,648,807	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,417,139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,886,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	85,299,205	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	72,851,259	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,217,984	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,041,748	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,463,980	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,167,450	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	142,466,305	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	96,756	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,922,585	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,791,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,392,259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,960,267	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,223,788	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,891,242	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,795,621	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,324,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,956,096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,917	288,917	176,161,416	0.001640	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	11,147,079	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	9,076,430	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	532,515	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	7,858,121	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	130,437,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,816,029	0.000000	92.00
200.00		Total (lines 50 through 199)	0	288,917	288,917	1,160,774,422		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		8,953	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		762	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		39	0	1	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,824	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		35,182	0	5,527	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000		7	0	12	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		70,187	0	6,302	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		7,862	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		138	0	1	0	59.00
60.00	06000	LABORATORY	0.000000		438,455	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		5,985	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		63,472	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		7,908	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,271	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		5,733	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		96,318	0	9,828	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		1,192	0	5	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		32,499	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		735	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001640		835,332	1,370	11,968	20	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000		15,241	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		138	0	449	0	90.00
91.00	09100	EMERGENCY	0.000000		406,025	0	44	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		5,928	0	12	0	92.00
200.00		Total (lines 50 through 199)			2,043,186	1,370	34,149	20	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	IP RENAL DIALYSIS	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-S180

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/4/2019 10:11 am

Title XVIII

Subprovider -

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	0.125836	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.084641	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400701	1	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.016390	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098138	5,527	0	0	542 54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.046561	12	0	0	1 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061771	0	0	0	0 55.00
57.00	05700 CT SCAN	0.026034	6,302	0	0	164 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.055419	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107586	1	0	0	0 59.00
60.00	06000 LABORATORY	0.108293	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.031200	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.132044	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.177870	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.149913	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.392097	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.056224	9,828	0	0	553 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.256738	5	0	0	1 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227096	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139003	11,968	0	200	1,664 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	0	0 76.00
76.01	03950 IP RENAL DIALYSIS	0.111660	0	0	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	0.768324	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	0.440902	449	0	0	198 90.00
91.00	09100 EMERGENCY	0.170439	44	0	0	7 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.220836	12	0	0	3 92.00
200.00	Subtotal (see instructions)		34,149	0	200	3,133 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		34,149	0	200	3,133 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/4/2019 10:11 am		
			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
54.01	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	28					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	28					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/4/2019 10:11 am		
				Component CCN: 14-T180				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,970,030	132,929,743	0.014820	17,982	266	50.00
51.00	05100	RECOVERY ROOM	109,619	20,648,807	0.005309	2,675	14	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	655,260	23,417,139	0.027982	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,327	26,886,468	0.001016	3,369	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,695	85,299,205	0.006597	87,895	580	54.00
54.01	03190	OUTPATIENT ONCOLOGY	61,601	72,851,259	0.000846	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	33,127	12,217,984	0.002711	0	0	55.00
57.00	05700	CT SCAN	80,208	56,041,748	0.001431	94,303	135	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	27,084	15,463,980	0.001751	13,968	24	58.00
59.00	05900	CARDIAC CATHETERIZATION	147,639	14,167,450	0.010421	1,757	18	59.00
60.00	06000	LABORATORY	603,692	142,466,305	0.004237	993,392	4,209	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	598	96,756	0.006180	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,825	4,922,585	0.008293	18,523	154	63.00
65.00	06500	RESPIRATORY THERAPY	283,899	27,791,457	0.010215	422,322	4,314	65.00
66.00	06600	PHYSICAL THERAPY	250,736	28,392,259	0.008831	2,262,217	19,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,873	12,960,267	0.003540	1,404,735	4,973	67.00
68.00	06800	SPEECH PATHOLOGY	4,346	1,223,788	0.003551	181,928	646	68.00
69.00	06900	ELECTROCARDIOLOGY	228,041	45,891,242	0.004969	77,567	385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,205	1,795,621	0.028517	1,782	51	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	106,162	47,324,821	0.002243	249,521	560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,949	34,956,096	0.001858	1,470	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,577	176,161,416	0.001371	1,490,328	2,043	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	290,920	11,147,079	0.026098	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	32,807	9,076,430	0.003615	226,143	818	76.01
76.97	07697	CARDIAC REHABILITATION	80,966	532,515	0.152045	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	621,848	7,858,121	0.079134	2,022	160	90.00
91.00	09100	EMERGENCY	3,777,668	130,437,852	0.028961	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	17,816,029	0.000000	4,469	0	92.00
200.00	Total (lines 50 through 199)		10,400,702	1,160,774,422		7,558,368	39,334	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	288,917	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
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	288,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	132,929,743	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,648,807	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,417,139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,886,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	85,299,205	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	72,851,259	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,217,984	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,041,748	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,463,980	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,167,450	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	142,466,305	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	96,756	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,922,585	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,791,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,392,259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,960,267	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,223,788	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,891,242	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,795,621	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,324,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,956,096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,917	288,917	176,161,416	0.001640	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	11,147,079	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	9,076,430	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	532,515	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	7,858,121	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	130,437,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,816,029	0.000000	92.00
200.00		Total (lines 50 through 199)	0	288,917	288,917	1,160,774,422		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	17,982	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	2,675	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	3,369	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	87,895	0	6,018	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	94,303	0	11,191	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	13,968	0	2,270	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	1,757	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	993,392	0	1,303	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	18,523	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	422,322	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,262,217	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,404,735	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	181,928	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	77,567	0	11,405	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,782	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	249,521	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	1,470	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001640	1,490,328	2,444	19,866	33	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS		0.000000	226,143	0	37,524	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	2,022	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	4,469	0	0	0	92.00
200.00		Total (lines 50 through 199)			7,558,368	2,444	89,577	33	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII		Subprovider - IRF	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	IP RENAL DIALYSIS	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-T180

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/4/2019 10:11 am

Title XVIII

Subprovider -
IRF

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	0.125836	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.084641	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400701	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.016390	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098138	6,018	0	0	591 54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.046561	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061771	0	0	0	0 55.00
57.00	05700 CT SCAN	0.026034	11,191	0	0	291 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.055419	2,270	0	0	126 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107586	0	0	0	0 59.00
60.00	06000 LABORATORY	0.108293	1,303	0	0	141 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.031200	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.132044	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.177870	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.149913	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.392097	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.056224	11,405	0	0	641 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.256738	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227096	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139003	19,866	0	0	2,761 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	0	0 76.00
76.01	03950 IP RENAL DIALYSIS	0.111660	37,524	0	0	4,190 76.01
76.97	07697 CARDIAC REHABILITATION	0.768324	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	0.440902	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.170439	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.220836	0	0	0	0 92.00
200.00	Subtotal (see instructions)		89,577	0	0	8,741 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		89,577	0	0	8,741 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-T180

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

12/4/2019 10:11 am

Title XVIII

Subprovider -
IRF

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
54.01	03190	OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Skilled Nursing Facility		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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	288,917	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	288,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Skilled Nursing Facility		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	132,929,743	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	20,648,807	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,417,139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,886,468	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	85,299,205	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	72,851,259	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,217,984	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,041,748	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,463,980	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,167,450	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	142,466,305	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	96,756	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,922,585	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,791,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,392,259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,960,267	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,223,788	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,891,242	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,795,621	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,324,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,956,096	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,917	288,917	176,161,416	0.001640	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	11,147,079	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	9,076,430	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	532,515	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	7,858,121	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	130,437,852	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,816,029	0.000000	92.00
200.00		Total (lines 50 through 199)	0	288,917	288,917	1,160,774,422		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Skilled Nursing Facility		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	132,585	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	5,181	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,270	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	2,189,033	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	13,585	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,568,133	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,842,101	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,717,937	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	105,329	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	73,329	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,008,240	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	0.001640	3,752,822	6,155	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	749,793	0	0	0	0	76.01
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
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		15,160,338	6,155	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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
54.01	03190	OUTPATIENT ONCOLOGY	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03950	IP RENAL DIALYSIS	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0180

Period:

Worksheet D

Component CCN: 14-5541

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/4/2019 10:11 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Facility		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	0.125836	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.084641	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400701	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.016390	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098138	0	0	0	0	54.00	
54.01	03190	OUTPATIENT ONCOLOGY	0.046561	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061771	0	0	0	0	55.00	
57.00	05700	CT SCAN	0.026034	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055419	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.107586	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.108293	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.031200	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.132044	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.177870	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.149913	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.392097	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.056224	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.256738	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227096	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139003	0	0	3,474	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	0	0	76.00	
76.01	03950	IP RENAL DIALYSIS	0.111660	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.768324	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	0.440902	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.170439	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.220836	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		0	0	3,474	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		0	0	3,474	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/4/2019 10:11 am		
			Title XVIII		Skilled Nursing Facility		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
54.01	03190	OUTPATIENT ONCOLOGY	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	483					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03950	IP RENAL DIALYSIS	0	0					76.01
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	483					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	483					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/4/2019 10:11 am		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00		
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	42,254	0.00	1,319		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,093	0.00	221		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	43,197	0.00	6,186		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,364	0.00	76		41.00		
43.00	04300	NURSERY	0	0	2,806	0.00	963		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	6,684	0.00	72		44.00		
200.00		Total (lines 30 through 199)	0	0	103,398		8,837		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0	0							31.00
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
41.00	04100	SUBPROVIDER - IRF	0	0							41.00
43.00	04300	NURSERY	0	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0	0							44.00
200.00		Total (lines 30 through 199)	0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	288,917	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
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	288,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/4/2019 10:11 am

			Title XIX		Hospital	Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	132,929,743	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	20,648,807	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,417,139	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	26,886,468	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	85,299,205	0.000000
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	72,851,259	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,217,984	0.000000
57.00	05700	CT SCAN	0	0	0	56,041,748	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,463,980	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	14,167,450	0.000000
60.00	06000	LABORATORY	0	0	0	142,466,305	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	96,756	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,922,585	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,791,457	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	28,392,259	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,960,267	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,223,788	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,891,242	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,795,621	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,324,821	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,956,096	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,917	288,917	176,161,416	0.001640
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	11,147,079	0.000000
76.01	03950	IP RENAL DIALYSIS	0	0	0	9,076,430	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	532,515	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	7,858,121	0.000000
91.00	09100	EMERGENCY	0	0	0	130,437,852	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,816,029	0.000000
200.00		Total (lines 50 through 199)	0	288,917	288,917	1,160,774,422	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001640	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/4/2019 10:11 am			
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX		Hospital		Cost	
				21.00	24.00						
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		
54.01	03190	OUTPATIENT ONCOLOGY	0	0					54.01		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00		
57.00	05700	CT SCAN	0	0					57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00		
60.00	06000	LABORATORY	0	0					60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30		
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		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00		
74.00	07400	RENAL DIALYSIS	0	0					74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00		
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00		
76.01	03950	IP RENAL DIALYSIS	0	0					76.01		
76.97	07697	CARDIAC REHABILITATION	0	0					76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98		
76.99	07699	LITHOTRIPSY	0	0					76.99		
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0	0					90.00		
91.00	09100	EMERGENCY	0	0					91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00		
200.00		Total (lines 50 through 199)	0	0					200.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,254	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,254	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)		38,096	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)		17,388	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)		39,981,970	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)		39,981,970	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)		39,981,970	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)		946.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,453,047	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)		16,453,047	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	9,697,834	4,093	2,369.37	1,308	3,099,136
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,577,471
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,129,654
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,512,028
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					942,925
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,454,953
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,674,701
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					4,158
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					946.23
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,934,424

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,371,457	39,981,970	0.084324	3,934,424	331,766	90.00
91.00 Nursing School cost	0	39,981,970	0.000000	3,934,424	0	91.00
92.00 Allied health cost	0	39,981,970	0.000000	3,934,424	0	92.00
93.00 All other Medical Education	0	39,981,970	0.000000	3,934,424	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,197	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)		43,197	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)		1,777	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)		39,278,547	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)		39,278,547	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)		39,278,547	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)		909.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,615,808	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,615,808	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					271,717
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,887,525
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					114,812
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,069
52.00 Total Program excludable cost (sum of lines 50 and 51)					132,881
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,754,644
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-S180		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,790,880	39,278,547	0.071054	0	0 90.00
91.00	Nursing School cost	0	39,278,547	0.000000	0	0 91.00
92.00	Allied health cost	0	39,278,547	0.000000	0	0 92.00
93.00	All other Medical Education	0	39,278,547	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,364	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,364	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)		4,364	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)		1,988	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)		3,090,865	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)		3,090,865	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)		3,090,865	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)		708.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,408,021	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,408,021	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,182,193
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,590,214
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					122,898
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					41,778
52.00 Total Program excludable cost (sum of lines 50 and 51)					164,676
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,425,538
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	269,769	3,090,865	0.087279	0	0 90.00
91.00	Nursing School cost	0	3,090,865	0.000000	0	0 91.00
92.00	Allied health cost	0	3,090,865	0.000000	0	0 92.00
93.00	All other Medical Education	0	3,090,865	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,684	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,684	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)		6,684	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,697	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)		5,664,993	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)		5,664,993	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)		5,664,993	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
				Title XVIII		Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)						5,664,993 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						847.55 71.00
72.00	Program routine service cost (line 9 x line 71)						3,980,942 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						3,980,942 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						3,980,942 83.00
84.00	Program inpatient ancillary services (see instructions)						2,344,606 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						6,325,548 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: 14-0180 Component CCN: 14-5541		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			42,254	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			42,254	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)			38,096	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)			1,319	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)			2,806	15.00
16.00	Nursery days (title V or XIX only)			963	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)			39,981,970	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)			39,981,970	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)			39,981,970	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)			946.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,248,077	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,248,077	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
12/4/2019 10:11 am

		Title XIX		Hospital		Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,606,190	2,806	572.41	963	551,231	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,697,834	4,093	2,369.37	221	523,631	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,322,939	49.00
	PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						4,158	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						946.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,934,424	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0180

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

Worksheet D-1

Date/Time Prepared:
12/4/2019 10:11 am

		Title XIX		Hospital	Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,371,457	39,981,970	0.084324	3,934,424	331,766	90.00
91.00 Nursing School cost	0	39,981,970	0.000000	3,934,424	0	91.00
92.00 Allied health cost	0	39,981,970	0.000000	3,934,424	0	92.00
93.00 All other Medical Education	0	39,981,970	0.000000	3,934,424	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,364 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,364 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)			4,364 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)			76 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)			2,806 15.00
16.00	Nursery days (title V or XIX only)			963 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)			3,090,865 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)			3,090,865 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)			3,090,865 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)			708.26 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			53,828 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)			53,828 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,828	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XIX		Subprovider - IRF	Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	269,769	3,090,865	0.087279	0	0 90.00
91.00	Nursing School cost	0	3,090,865	0.000000	0	0 91.00
92.00	Allied health cost	0	3,090,865	0.000000	0	0 92.00
93.00	All other Medical Education	0	3,090,865	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/4/2019 10:11 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		58,752,287	30.00
31.00	03100	INTENSIVE CARE UNIT		8,112,669	31.00
40.00	04000	SUBPROVIDER - IPF		2,960,678	40.00
41.00	04100	SUBPROVIDER - IRF		20,001	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.125836	13,273,595	1,670,296 50.00
51.00	05100	RECOVERY ROOM	0.084641	2,497,746	211,412 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.400701	105,014	42,079 52.00
53.00	05300	ANESTHESIOLOGY	0.016390	2,760,767	45,249 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098138	5,602,655	549,833 54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.046561	3,853	179 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061771	14,206	878 55.00
57.00	05700	CT SCAN	0.026034	5,894,228	153,450 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055419	1,135,090	62,906 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107586	3,039,443	327,002 59.00
60.00	06000	LABORATORY	0.108293	21,500,518	2,328,356 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.031200	1,191,904	37,187 63.00
65.00	06500	RESPIRATORY THERAPY	0.132044	8,034,550	1,060,914 65.00
66.00	06600	PHYSICAL THERAPY	0.177870	1,447,522	257,471 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.149913	800,147	119,952 67.00
68.00	06800	SPEECH PATHOLOGY	0.392097	265,749	104,199 68.00
69.00	06900	ELECTROCARDIOLOGY	0.056224	6,683,566	375,777 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.256738	59,961	15,394 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	8,633,764	2,766,016 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227096	6,068,189	1,378,061 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139003	28,223,382	3,923,135 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	2,702	1,246 76.00
76.01	03950	IP RENAL DIALYSIS	0.111660	3,308,865	369,468 76.01
76.97	07697	CARDIAC REHABILITATION	0.768324	38,065	29,246 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	0.440902	6,052	2,668 90.00
91.00	09100	EMERGENCY	0.170439	9,081,819	1,547,896 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.220836	892,977	197,201 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		130,566,329	17,577,471 200.00
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)		130,566,329	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,210,745		30.00
31.00	03100 INTENSIVE CARE UNIT		3,476		31.00
40.00	04000 SUBPROVIDER - IPF		939,237		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125836	8,953	1,127	50.00
51.00	05100 RECOVERY ROOM	0.084641	762	64	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400701	39	16	52.00
53.00	05300 ANESTHESIOLOGY	0.016390	2,824	46	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098138	35,182	3,453	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.046561	7	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061771	0	0	55.00
57.00	05700 CT SCAN	0.026034	70,187	1,827	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.055419	7,862	436	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107586	138	15	59.00
60.00	06000 LABORATORY	0.108293	438,455	47,482	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.031200	5,985	187	63.00
65.00	06500 RESPIRATORY THERAPY	0.132044	63,472	8,381	65.00
66.00	06600 PHYSICAL THERAPY	0.177870	7,908	1,407	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.149913	2,271	340	67.00
68.00	06800 SPEECH PATHOLOGY	0.392097	5,733	2,248	68.00
69.00	06900 ELECTROCARDIOLOGY	0.056224	96,318	5,415	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.256738	1,192	306	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	32,499	10,412	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227096	735	167	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139003	835,332	116,114	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.111660	15,241	1,702	76.01
76.97	07697 CARDIAC REHABILITATION	0.768324	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	0.440902	138	61	90.00
91.00	09100 EMERGENCY	0.170439	406,025	69,202	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.220836	5,928	1,309	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,043,186	271,717	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)		2,043,186		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		8,245		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,407,495		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125836	17,982	2,263	50.00
51.00	05100 RECOVERY ROOM	0.084641	2,675	226	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400701	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016390	3,369	55	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098138	87,895	8,626	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.046561	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061771	0	0	55.00
57.00	05700 CT SCAN	0.026034	94,303	2,455	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.055419	13,968	774	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107586	1,757	189	59.00
60.00	06000 LABORATORY	0.108293	993,392	107,577	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.031200	18,523	578	63.00
65.00	06500 RESPIRATORY THERAPY	0.132044	422,322	55,765	65.00
66.00	06600 PHYSICAL THERAPY	0.177870	2,262,217	402,381	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.149913	1,404,735	210,588	67.00
68.00	06800 SPEECH PATHOLOGY	0.392097	181,928	71,333	68.00
69.00	06900 ELECTROCARDIOLOGY	0.056224	77,567	4,361	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.256738	1,782	458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	249,521	79,940	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227096	1,470	334	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139003	1,490,328	207,160	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.111660	226,143	25,251	76.01
76.97	07697 CARDIAC REHABILITATION	0.768324	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	0.440902	2,022	892	90.00
91.00	09100 EMERGENCY	0.170439	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.220836	4,469	987	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,558,368	1,182,193	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)		7,558,368		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Skilled Nursing Facility	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		15,077		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.125836	0	0	50.00
51.00	05100 RECOVERY ROOM	0.084641	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400701	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016390	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.098138	132,585	13,012	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.046561	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061771	0	0	55.00
57.00	05700 CT SCAN	0.026034	5,181	135	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.055419	2,270	126	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107586	0	0	59.00
60.00	06000 LABORATORY	0.108293	2,189,033	237,057	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.847059	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.031200	13,585	424	63.00
65.00	06500 RESPIRATORY THERAPY	0.132044	1,568,133	207,063	65.00
66.00	06600 PHYSICAL THERAPY	0.177870	2,842,101	505,525	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.149913	2,717,937	407,454	67.00
68.00	06800 SPEECH PATHOLOGY	0.392097	105,329	41,299	68.00
69.00	06900 ELECTROCARDIOLOGY	0.056224	73,329	4,123	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.256738	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.320372	1,008,240	323,012	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.227096	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139003	3,752,822	521,654	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.460987	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.111660	749,793	83,722	76.01
76.97	07697 CARDIAC REHABILITATION	0.768324	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	0.440902	0	0	90.00
91.00	09100 EMERGENCY	0.170439	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.220836	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		15,160,338	2,344,606	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)		15,160,338		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			7,187,367	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			21,113,348	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)			525,841	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			13,005,013	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			215.19	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)	or		40.45	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)			1.50	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).			15.00	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)			53.95	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			51.46	10.00
11.00	FTE count for residents in dental and podiatric programs.			3.00	11.00
12.00	Current year allowable FTE (see instructions)			54.46	12.00
13.00	Total allowable FTE count for the prior year.			54.65	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.			47.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.			52.20	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			52.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.242576	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.149529	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.149529	21.00
22.00	IME payment adjustment (see instructions)			2,218,267	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,019,359	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)			-2.49	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)			2,218,267	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,019,359	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			19.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)			98.17	31.00
32.00	Sum of lines 30 and 31			117.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)			48.87	33.00
34.00	Disproportionate share adjustment (see instructions)			3,457,640	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,542,347	6,500,527		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,153,141	4,862,037		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,015,178			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)	41,517,641			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)		42,537,000		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,255,855		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).		1,667,949		52.00
53.00	Nursing and Allied Health Managed Care payment		30,998		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)		46,286		58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,538,088		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,538,088		61.00
62.00	Deductibles billed to program beneficiaries		2,717,136		62.00
63.00	Coinsurance billed to program beneficiaries		394,294		63.00
64.00	Allowable bad debts (see instructions)		1,865,042		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,212,277		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,634,584		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,638,935		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				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)		160,815		70.93
70.94	HRR adjustment amount (see instructions)		-20,033		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		45,779,717		71.00
71.01	Sequestration adjustment (see instructions)		915,594		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		42,001,675		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)		2,862,448		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,518,474		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	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	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0180

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

Worksheet DSH

Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	19.28	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	98.17	0.00			98.17	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	117.45	0.00			98.17	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	215.19	0.00			215.19	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	48.87	0.00			70.21	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	19.28	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	17.99	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	11,301	0			11,301	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	177	0			177	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	31,841	0			31,841	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,525	0			1,525	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	44,844	0			44,844	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	44,995	0			44,995	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	686	0			686	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	45,681	0			45,681	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	98.17	0.00			98.17	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet DSH Date/Time Prepared: 12/4/2019 10:11 am	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	86.11		0.00	True	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00	
30.00	Line 28 or 29 as applicable		86.11		0.00		30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		86.11		0.00		31.00	
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet DSH Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	70.21	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00	
30.00	Line 28 or 29 as applicable	70.21	30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	70.21	31.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,187,367	0	7,187,367		7,187,367
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,113,348	0		21,113,348	21,113,348
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	525,841	0	149,951	375,890	525,841
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	13,005,013	0	3,244,960	9,760,053	13,005,013
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.149529	0.149529	0.149529	0.149529	
6.00	IME payment adjustment (see instructions)	22.00	2,218,267	0	563,360	1,654,907	2,218,267
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,019,359	0	0	1,019,359	1,019,359
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,218,267	0	563,360	1,654,907	2,218,267
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,019,359	0	0	1,019,359	1,019,359
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4887	0.4887	0.4887	0.4887	
11.00	Disproportionate share adjustment (see instructions)	34.00	3,457,640	0	878,117	2,579,523	3,457,640
11.01	Uncompensated care payments	36.00	7,015,178	0	9,138,092	2,298,846	11,436,938
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	41,517,641	0	17,916,887	23,600,754	41,517,641
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	42,537,000	0	17,916,887	24,620,113	42,537,000
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,255,855	0	830,579	2,425,276	3,255,855
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	18,747,466	27,045,389	45,792,855

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/4/2019 10:11 am

				Title XVIII		Hospital	PPS	
		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	2,303,039	0	585,375	1,717,664	2,303,039	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	26,764	0	9,825	16,939	26,764	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1336	0.1336	0.1336	0.1336		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	307,686	0	78,206	229,480	307,686	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2685	0.2685	0.2685	0.2685		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	618,366	0	157,173	461,193	618,366	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,255,855	0	830,579	2,425,276	3,255,855	26.00
		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		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,187,367	7,187,367		7,187,367	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,113,348		21,113,348	21,113,348	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	525,841	149,951	375,890	525,841	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	13,005,013	3,244,960	9,760,053	13,005,013	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.149529	0.149529	0.149529		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,218,267	563,360	1,654,907	2,218,267	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,019,359	254,346	765,013	1,019,359	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	2,218,267	563,360	1,654,907	2,218,267	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,019,359	254,346	765,013	1,019,359	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4887	0.4887	0.4887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,457,640	878,117	2,579,523	3,457,640	11.00
11.01	Uncompensated care payments	36.00	7,015,178	2,153,141	4,862,037	7,015,178	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	41,517,641	10,931,936	30,585,705	41,517,641	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	42,537,000	11,186,282	31,350,718	42,537,000	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,255,855	830,579	2,425,276	3,255,855	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			12,016,861	33,775,994	45,792,855	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,303,039	585,375	1,717,664	2,303,039	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	26,764	9,825	16,939	26,764	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	0.1336	0.1336	0.1336		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	307,686	78,206	229,480	307,686	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.2685	0.2685	0.2685		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	618,366	157,173	461,193	618,366	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,255,855	830,579	2,425,276	3,255,855	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	160,815	8,080	152,735	160,815	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	-20,033	-15,811	-4,222	-20,033	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: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,203	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,760,407	2.00
3.00	OPPS payments		15,530,463	3.00
4.00	Outlier payment (see instructions)		60,996	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		61,512	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		32,203	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		231,654	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)		231,654	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)		231,654	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		199,451	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)		32,203	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)		15,652,971	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)		3,114,247	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)		12,570,927	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		579,921	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)		13,150,848	30.00
31.00	Primary payer payments		1,490	31.00
32.00	Subtotal (line 30 minus line 31)		13,149,358	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)		953,968	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		620,079	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		788,846	36.00
37.00	Subtotal (see instructions)		13,769,437	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,769,437	40.00
40.01	Sequestration adjustment (see instructions)		275,389	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,089,384	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		404,664	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: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		28	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,113	2.00
3.00	OPPS payments		1,834	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		20	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		200	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)		200	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)		200	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		172	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)		28	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)		1,854	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)		359	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)		1,523	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)		1,523	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,523	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,523	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)		1,523	40.00
40.01	Sequestration adjustment (see instructions)		30	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,465	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		28	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: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IPF	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,708	2.00
3.00	OPPS payments		9,372	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		33	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		9,405	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)		1,875	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)		7,530	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)		7,530	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,530	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		7,530	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)		7,530	40.00
40.01	Sequestration adjustment (see instructions)		151	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,348	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		31	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: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		483	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		483	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,474	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,474	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,474	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,991	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)		483	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			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)		483	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)		483	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		483	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		483	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		483	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		477	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-4	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/4/2019 10:11 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,600,164		12,239,130	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,401,511		850,254	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)		42,001,675		13,089,384	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		2,862,448		404,664	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		44,864,123		13,494,048	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: 14-0180
 Component CCN: 14-S180

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 12/4/2019 10:11 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		1,533,080		1,465		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)		1,533,080		1,465		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		29,559		28		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,562,639		1,493		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: 14-0180 Component CCN: 14-T180		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,487,535		7,348		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,487,535		7,348		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		50,417		31		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		3,537,952		7,379		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: 14-0180

Period:

Worksheet E-1

Component CCN: 14-5541

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
12/4/2019 10:11 am

Title XVIII

Skilled Nursing
Facility

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		2,631,176		477	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,631,176		477	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		46,472		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		4	6.02
7.00	Total Medicare program liability (see instructions)		2,677,648		473	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
12/4/2019 10:11 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-S180	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,726,014 1.00
2.00	Net IPF PPS Outlier Payments			51,304 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)			118.347945 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)			1,777,318 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)			1,777,318 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,777,318 18.00
19.00	Deductibles			145,800 19.00
20.00	Subtotal (line 18 minus line 19)			1,631,518 20.00
21.00	Coinsurance			67,150 21.00
22.00	Subtotal (line 20 minus line 21)			1,564,368 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			44,295 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			28,792 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			42,955 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,593,160 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)			1,370 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)			1,594,530 31.00
31.01	Sequestration adjustment (see instructions)			31,891 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,533,080 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)			29,559 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			51,304 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,204,816 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1799 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			406,371 3.00
4.00	Outlier Payments			18,284 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.956164 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,629,471 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,629,471 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,629,471 19.00
20.00	Deductibles			9,500 20.00
21.00	Subtotal (line 19 minus line 20)			3,619,971 21.00
22.00	Coinsurance			17,929 22.00
23.00	Subtotal (line 21 minus line 22)			3,602,042 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,722 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,669 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,722 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,607,711 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,444 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,610,155 32.00
32.01	Sequestration adjustment (see instructions)			72,203 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,487,535 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			50,417 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			18,284 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			2,911,950 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			6,155 3.00
4.00	Subtotal (sum of lines 1 through 3)			2,918,105 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			227,077 7.00
8.00	Allowable bad debts (see instructions)			63,486 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			41,266 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			2,732,294 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			2,732,294 15.00
15.01	Sequestration adjustment (see instructions)			54,646 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			2,631,176 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			46,472 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/4/2019 10:11 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,322,939		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,322,939	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,322,939	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		2,322,939	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments			0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		2,322,939	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 12/4/2019 10:11 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	53,828		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	53,828	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	53,828	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	53,828	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	53,828	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
OVERRIDES				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					15.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					53.30	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					51.46	6.00
7.00	Enter the lesser of line 5 or line 6					51.46	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	46.39		5.04		51.43 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	46.39		5.04		51.43 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			3.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	46.39		8.04		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	48.70		5.95		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	42.37		3.91		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	45.82		5.97		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	45.82		5.97		17.00	
18.00	Per resident amount	129,030.37		129,030.37		18.00	
19.00	Approved amount for resident costs	5,912,172		770,311		6,682,483 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					6,682,483 25.00	
		Inpatient Part A		Managed care			
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	22,461		9,270		26.00	
27.00	Total Inpatient Days (see instructions)	90,436		90,436		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.248363		0.102503		28.00	
29.00	Program direct GME amount	1,659,682		684,975		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage			96,787		30.00	
31.00	Net Program direct GME amount					2,247,870 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/4/2019 10:11 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			48,506,440	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			48,506,440	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,866,507	42.00
43.00	Primary payer payments (see instructions)			1,490	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,865,017	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			65,371,457	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.742013	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.257987	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,247,870	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,667,949	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			579,921	50.00

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

Provider CCN: 14-0180

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

Worksheet G

Date/Time Prepared:
12/4/2019 10:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,687,817	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	159,461,541	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-111,652,056	0	0	0	6.00
7.00	Inventory	5,131,576	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,194,474	0	0	0	9.00
10.00	Due from other funds	708,603	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,531,955	0	0	0	11.00
FIXED ASSETS						
12.00	Land	35,010,000	0	0	0	12.00
13.00	Land improvements	272,750	0	0	0	13.00
14.00	Accumulated depreciation	-92,144	0	0	0	14.00
15.00	Buildings	120,712,313	0	0	0	15.00
16.00	Accumulated depreciation	-6,062,953	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	28,601,320	0	0	0	23.00
24.00	Accumulated depreciation	-7,093,139	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)	171,348,147	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	228,880,102	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,719,423	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	388,960	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	17,473,494	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,581,877	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,581,877	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	207,298,225	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)	207,298,225	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	228,880,102	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0180

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

Worksheet G-1

Date/Time Prepared:
12/4/2019 10:11 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		206,498,573		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		30,971,119				2.00
3.00	Total (sum of line 1 and line 2)		237,469,692		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	OPENING BALANCE SHEET ADJ	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)		237,469,692		0		11.00
12.00	NET ASSET TRANSFERS	30,156,998		0		0	12.00
13.00	OTHER TRANSFERS	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)		30,156,998		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		207,312,694		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	OPENING BALANCE SHEET ADJ		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	OTHER TRANSFERS		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
12/4/2019 10:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	229,126,169		229,126,169	1.00
2.00	SUBPROVIDER - IPF	9,882,070		9,882,070	2.00
3.00	SUBPROVIDER - IRF	11,894,523		11,894,523	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	7,390,432		7,390,432	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)	258,293,194		258,293,194	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,982,914		24,982,914	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)	24,982,914		24,982,914	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	283,276,108		283,276,108	17.00
18.00	Ancillary services	517,888,581	538,699,505	1,056,588,086	18.00
19.00	Outpatient services	0	119,877,611	119,877,611	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	PROFESSIONAL FEES AND 340B	-22,247	4,278,240	4,255,993	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	801,142,442	662,855,356	1,463,997,798	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		293,586,992		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	ADD (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)		293,586,992		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0180

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

Worksheet G-3

Date/Time Prepared:
12/4/2019 10:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,463,997,798	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,145,628,756	2.00
3.00	Net patient revenues (line 1 minus line 2)	318,369,042	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	293,586,992	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,782,050	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	350	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,137,942	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	113,146	22.00
23.00	Governmental appropriations	0	23.00
24.00	BLUE CROSS BONUSES	1,308,815	24.00
24.01	MISCELLANEOUS REVENUE	3,628,816	24.01
25.00	Total other income (sum of lines 6-24)	6,189,069	25.00
26.00	Total (line 5 plus line 25)	30,971,119	26.00
27.00	RECONCILING ITEM	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)	30,971,119	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0180	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/4/2019 10:11 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,303,039	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,764	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)		117.47	3.00
4.00	Number of interns & residents (see instructions)		52.20	4.00
5.00	Indirect medical education percentage (see instructions)		13.36	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)		307,686	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		19.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		98.17	8.00
9.00	Sum of lines 7 and 8		117.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)		26.85	10.00
11.00	Disproportionate share adjustment (see instructions)		618,366	11.00
12.00	Total prospective capital payments (see instructions)		3,255,855	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

ALL INCLUSIVE RATE DATA - METHOD E

Provider CCN: 14-0180

Period:
From 07/01/2018
To 06/30/2019Worksheet AIR
Not a CMS Worksheet
Date/Time Prepared:
12/4/2019 10:11 am

		1.00	
1.00	Total general inpatient routine service cost.	39,981,970	1.00
2.00	Total inpatient days.	44,995	2.00
3.00	Cost per day.	888.59	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).	0	4.00
5.00	Reduced cost per day.	0.00	5.00
6.00	Ancillary percentage.	0	6.00
7.00	Ancillary cost per day.	0.00	7.00
8.00	Inpatient Part B days.	0	8.00
9.00	Total Part B ancillary cost.	0	9.00