

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: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/11/2020 6:55 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 6/11/2020	Time: 6:55 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (14-0185) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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)

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	530,087	85,795	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	35,171	-806		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	565,258	84,989	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: 14-0185		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/11/2020 6:55 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4500 MEMORIAL DRIVE			PO Box:				1.00	
2.00	City: BELLEVILLE			State: IL		Zip Code: 62226		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N
								P	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)						01/01/2019	12/31/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,235	1,211	32	50	5,999	373

6/11/2020 6:55 am

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/11/2020 6:55 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
					Urban/Rural S	Date of Geogr		
					1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1						26.00	
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27.00	
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0						35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0						37.00	
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N					N	39.00	
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y					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	45.00
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	46.00
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	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals								
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N							56.00
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.								57.00
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							58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N							59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N						60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/11/2020 6:55 am

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

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/11/2020 6:55 am

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

6/11/2020 6:55 am

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/11/2020 6:55 am	
				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)		N		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.		N		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	
			1.00	2.00	
			Speech	Respiratory	
			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	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: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/11/2020 6:55 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.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,508,000	324,500		0118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	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		HB1804	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0185		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/11/2020 6:55 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: BJC HEALTHCARE		Contractor's Name: WPS		Contractor's Number: 05301				141.00	
142.00	Street: 4901 FOREST PARK PARKWAY		PO Box:						142.00	
143.00	City: ST LOUIS		State: MO		Zip Code: 63108				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				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.								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)									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)								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: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/11/2020 6:55 am

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/29/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/16/2020	Y
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)	N		N
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		N
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		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/11/2020 6:55 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.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MELINDA	HERNANDEZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0616	MELINDA.HERNANDEZ@BJC.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/11/2020 6:55 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.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/11/2020 6:55 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	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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)		212	77,380	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	29,930		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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)		294			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		10	3,650			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: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/11/2020 6:55 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)	17,441	1,121	42,829			1.00
2.00 HMO and other (see instructions)	10,241	6,000				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,441	1,121	42,829			7.00
8.00 INTENSIVE CARE UNIT	1,359	647	2,204			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		1,018	1,097			13.00
14.00 Total (see instructions)	18,800	2,786	46,130	0.00	1,419.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	14,487	24	24,902	0.00	140.04	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,559.40	27.00
28.00 Observation Bed Days		0	1,837			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	114	127			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/11/2020 6:55 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	3,985	402	11,058	1.00
2.00 HMO and other (see instructions)			2,206	1,770		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,985	402	11,058	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/11/2020 6:55 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	88,045,737	41,000	88,086,737	2,855,641.00	30.85
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		397,205	0	397,205	2,340.00	169.75
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		488,348	0	488,348	5,280.00	92.49
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	4,464,003	70,823	4,534,826	173,279.00	26.17
10.00	Excluded area salaries (see instructions)		583,481	-111,954	471,527	31,759.00	14.85
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,342,373	0	5,342,373	71,335.00	74.89
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		916,018	0	916,018	7,380.00	124.12
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		12,937,637	0	12,937,637	298,284.00	43.37
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,768,492	0	20,768,492		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,336,032	0	1,336,032		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		77,436	0	77,436		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,897,570	0	1,897,570		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	488,662	0	488,662	13,868.00	35.24
27.00	Administrative & General	5.00	9,359,607	3,000	9,362,607	266,831.00	35.09

6/11/2020 6:55 am

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/11/2020 6:55 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		640,171	0	640,171	4,966.00	128.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,324,675	1,000	1,325,675	47,053.00	28.17	30.00
31.00	Laundry & Linen Service	8.00	0	70,814	70,814	4,519.00	15.67	31.00
32.00	Housekeeping	9.00	2,594,622	-68,814	2,525,808	166,682.00	15.15	32.00
33.00	Housekeeping under contract (see instructions)		120,167	0	120,167	1,945.00	61.78	33.00
34.00	Dietary	10.00	1,583,764	-414,251	1,169,513	70,168.00	16.67	34.00
35.00	Dietary under contract (see instructions)		338,574	0	338,574	9,989.00	33.89	35.00
36.00	Cafeteria	11.00	190,645	526,705	717,350	51,817.00	13.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,611,337	-370,184	2,241,153	44,743.00	50.09	38.00
39.00	Central Services and Supply	14.00	696,191	1,000	697,191	32,575.00	21.40	39.00
40.00	Pharmacy	15.00	3,824,979	-3,824,979	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	333,858	2,000	335,858	7,159.00	46.91	41.00
42.00	Social Service	17.00	626,843	0	626,843	23,882.00	26.25	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
6/11/2020 6:55 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)	88,656,301	41,000	88,697,301	2,867,261.00	30.93	1.00
2.00	Excluded area salaries (see instructions)	5,047,484	-41,131	5,006,353	205,038.00	24.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,608,817	82,131	83,690,948	2,662,223.00	31.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,196,028	0	19,196,028	376,999.00	50.92	4.00
5.00	Subtotal wage-related costs (see inst.)	22,666,062	0	22,666,062	0.00	27.08	5.00
6.00	Total (sum of lines 3 thru 5)	125,470,907	82,131	125,553,038	3,039,222.00	41.31	6.00
7.00	Total overhead cost (see instructions)	24,734,095	-4,073,709	20,660,386	746,197.00	27.69	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
6/11/2020 6:55 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,774,592	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,550,499	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	340,703	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	80,636	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)	906,998	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	86,686	14.00
15.00	'Workers' Compensation Insurance	1,009,813	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	6,434,635	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	96,368	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	255,983	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,536,913	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
6/11/2020 6:55 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	6,431,878	20,536,913	1.00
2.00	Hospital	6,431,878	20,536,913	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-10

Date/Time Prepared:
6/11/2020 6:55 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)			0.210418	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			22,989,751	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?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			9,472,073	5.00
6.00	Medicaid charges			132,039,177	6.00
7.00	Medicaid cost (line 1 times line 6)			27,783,420	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			761,216	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)	16,643,204	4,748,586	21,391,790	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,502,030	4,748,586	8,250,616	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)	3,502,030	4,748,586	8,250,616	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,751,063	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,170,938	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,801,443	27.01
28.00	Non-Medicare bad debt expense (see instructions)			9,949,620	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,724,084	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,974,700	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,974,700	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,103,338	6,103,338	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		0	0	448,485	448,485	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,038,406	8,038,406	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	488,662	2,351,631	2,840,293	-45,205	2,795,088	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0	4.01
5.01	01160	COMMUNICATIONS	186,531	459,958	646,489	-35,409	611,080	5.01
5.02	00550	DATA PROCESSING	65,225	5,035,133	5,100,358	-1,830,761	3,269,597	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-46,167	-46,167	0	-46,167	5.03
5.04	00570	ADMITTING	932,321	238,954	1,171,275	-9,990	1,161,285	5.04
5.05	00580	PATIENT ACCOUNTS	1,555,223	5,941,591	7,496,814	-20,023	7,476,791	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	6,620,307	30,395,821	37,016,128	-4,737,302	32,278,826	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	464,866	464,866	-323,567	141,299	5.07
7.00	00700	OPERATION OF PLANT	1,245,859	8,784,107	10,029,966	-594,023	9,435,943	7.00
7.01	00701	OPERATION OF PLANT CC	78,816	238,589	317,405	-52,893	264,512	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	647,902	647,902	8.00
9.00	00900	HOUSEKEEPING	2,428,069	2,220,693	4,648,762	-807,496	3,841,266	9.00
9.01	00901	HOUSEKEEPING CC	166,553	173,886	340,439	-103,387	237,052	9.01
10.00	01000	DIETARY	1,251,642	2,028,981	3,280,623	-882,844	2,397,779	10.00
10.01	01001	DIETARY CC	332,122	209,976	542,098	0	542,098	10.01
11.00	01100	CAFETERIA	190,645	363,098	553,743	862,952	1,416,695	11.00
13.00	01300	NURSING ADMINISTRATION	2,611,337	1,372,445	3,983,782	-777,571	3,206,211	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	696,191	2,751,859	3,448,050	-802,418	2,645,632	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	14	14	0	14	14.01
15.00	01500	PHARMACY	3,442,276	7,871,175	11,313,451	-10,359,480	953,971	15.00
15.01	01501	PHARMACY CC	382,703	553,554	936,257	-931,640	4,617	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	333,858	1,904,232	2,238,090	2,000	2,240,090	16.00
17.00	01700	SOCIAL SERVICE	543,677	286,032	829,709	0	829,709	17.00
17.01	01701	SOCIAL SERVICE CC	83,166	14,001	97,167	0	97,167	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,994,582	11,627,308	31,621,890	-1,458,598	30,163,292	30.00
31.00	03100	INTENSIVE CARE UNIT	3,248,746	4,589,015	7,837,761	-769,859	7,067,902	31.00
43.00	04300	NURSERY	0	-50	-50	561,896	561,846	43.00
44.00	04400	SKILLED NURSING FACILITY	4,464,003	1,981,592	6,445,595	-262,770	6,182,825	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,828,363	19,322,912	27,151,275	-13,673,985	13,477,290	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,208,382	736,330	1,944,712	-151,695	1,793,017	52.00
53.00	05300	ANESTHESIOLOGY	0	4,727,243	4,727,243	-698,399	4,028,844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,336,057	1,663,095	3,999,152	-952,109	3,047,043	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	703,258	760,712	1,463,970	-477,506	986,464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	317,796	396,271	714,067	-332,276	381,791	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,075,779	4,287,913	5,363,692	-3,524,498	1,839,194	59.00
60.00	06000	LABORATORY	4,144,262	5,894,569	10,038,831	-497,438	9,541,393	60.00
65.00	06500	RESPIRATORY THERAPY	1,964,547	1,262,480	3,227,027	-259,557	2,967,470	65.00
66.00	06600	PHYSICAL THERAPY	4,852,977	1,461,097	6,314,074	-294,641	6,019,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,343,785	343,462	1,687,247	12,916	1,700,163	67.00
68.00	06800	SPEECH PATHOLOGY	668,598	232,706	901,304	-40,239	861,065	68.00
69.00	06900	ELECTROCARDIOLOGY	1,350,074	722,000	2,072,074	-286,980	1,785,094	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	726,873	330,086	1,056,959	-46,054	1,010,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,352,082	6,352,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,224,793	14,224,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,625,543	11,625,543	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	510,125	510,125	-373	509,752	90.00
90.01	09001	DIABETIC EDUCATION OP	441,106	114,741	555,847	-191	555,656	90.01
90.02	09002	PAIN MANAGEMENT	695,834	577,005	1,272,839	-356,205	916,634	90.02
91.00	09100	EMERGENCY	6,462,051	4,229,147	10,691,198	-806,133	9,885,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	-49	49	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,427,955	1,427,955	-916,492	511,463	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,462,207	140,812,192	228,274,399	760,306	229,034,705	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	226,847	360,296	587,143	-30,350	556,793	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	356,683	371,085	727,768	-729,956	-2,188	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	88,045,737	141,543,573	229,589,310	0	229,589,310	200.00

6/11/2020 6:55 am

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-90,566	6,012,772	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	-134,357	314,128	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	413,675	8,452,081	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,855,311	4,650,399	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	4.01
5.01	01160	COMMUNICATIONS	-389,881	221,199	5.01
5.02	00550	DATA PROCESSING	4,025,695	7,295,292	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-46,167	5.03
5.04	00570	ADMITTING	0	1,161,285	5.04
5.05	00580	PATIENT ACCOUNTS	-5,381,107	2,095,684	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,082,734	33,361,560	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	141,299	5.07
7.00	00700	OPERATION OF PLANT	-178,124	9,257,819	7.00
7.01	00701	OPERATION OF PLANT CC	0	264,512	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	647,902	8.00
9.00	00900	HOUSEKEEPING	0	3,841,266	9.00
9.01	00901	HOUSEKEEPING CC	0	237,052	9.01
10.00	01000	DIETARY	0	2,397,779	10.00
10.01	01001	DIETARY CC	0	542,098	10.01
11.00	01100	CAFETERIA	-1,046,257	370,438	11.00
13.00	01300	NURSING ADMINISTRATION	-42,546	3,163,665	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-392,720	2,252,912	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	14	14.01
15.00	01500	PHARMACY	-200	953,771	15.00
15.01	01501	PHARMACY CC	0	4,617	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,629,515	610,575	16.00
17.00	01700	SOCIAL SERVICE	0	829,709	17.00
17.01	01701	SOCIAL SERVICE CC	0	97,167	17.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,640,446	26,522,846	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,575,000	4,492,902	31.00
43.00	04300	NURSERY	0	561,846	43.00
44.00	04400	SKILLED NURSING FACILITY	-443	6,182,382	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,931,730	11,545,560	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-253,881	1,539,136	52.00
53.00	05300	ANESTHESIOLOGY	-4,214,403	-185,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,662	3,044,381	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	986,464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	381,791	58.00
59.00	05900	CARDIAC CATHETERIZATION	-16,916	1,822,278	59.00
60.00	06000	LABORATORY	-344,922	9,196,471	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,967,470	65.00
66.00	06600	PHYSICAL THERAPY	-219,779	5,799,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	-19,328	1,680,835	67.00
68.00	06800	SPEECH PATHOLOGY	0	861,065	68.00
69.00	06900	ELECTROCARDIOLOGY	-100,015	1,685,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,183	1,003,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,352,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,224,793	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,625,543	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	509,752	90.00
90.01	09001	DIABETIC EDUCATION OP	0	555,656	90.01
90.02	09002	PAIN MANAGEMENT	0	916,634	90.02
91.00	09100	EMERGENCY	-501,118	9,383,947	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-511,463	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,247,147	212,787,558	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	556,793	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	-2,188	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-16,247,147	213,342,163	200.00

6/11/2020 6:55 am

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
6/11/2020 6:55 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - RECLASS MEDICAL SUPPLIES AND DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,352,082		1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,224,793		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
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
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
0			0	20,576,875		
B - RECLASS DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,799,564		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
0			0	7,799,564		
C - RECLASS PHARMACY SALARIES						
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,824,979	0		1.00
2.00		0.00	0	0		2.00
TOTALS			3,824,979	0		
D - RECLASS DIETARY COST						
1.00	CAFETERIA	11.00	414,251	123,050		1.00
0			414,251	123,050		
E - RECLASS CAFETERIA/COFFEE SHOP COST						
1.00	CAFETERIA	11.00	0	163,119		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	151,980		2.00
TOTALS			0	315,099		

6/11/2020 6:55 am

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/11/2020 6:55 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
F - RECLASS EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,396,151	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
			0	1,396,151	
G - RECLASS EMP MEALS TO CAFETERIA					
1.00	CAFETERIA	11.00	112,454	62,216	1.00
			112,454	62,216	
H - RECLASS MCC ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	70,323	33,561	1.00
			70,323	33,561	
I - RECLASS FLOAT & TRANSPORTATION COST					
1.00	ADULTS & PEDIATRICS	30.00	374,184	117,569	1.00
			374,184	117,569	
K - RECLASS BLDG RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,712,601	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	1,712,601	
M - RECLASS IPA ASSESSMENT MCC					
1.00	SKILLED NURSING FACILITY	44.00	0	100,015	1.00
			0	100,015	
N - RECLASS DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,441,587	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	301,228	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,628,385	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

6/11/2020 6:55 am

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/11/2020 6:55 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
			0	10,371,200	
0 - RECLASS PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	167,015	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,870	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	12,900	3.00
			0	193,785	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	545,705	16,191	1.00
			545,705	16,191	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	33,467	7,935	1.00
			33,467	7,935	
V - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	782,135	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	134,357	2.00
			0	916,492	
X - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	70,814	19,278	1.00
			70,814	19,278	
Y - RECRUITMENT/RELOCATION RECLASS					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	500	0	1.00
2.00	OPERATION OF PLANT	7.00	1,000	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,000	0	3.00
4.00	NURSING ADMINISTRATION	13.00	4,000	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	1,000	0	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	1,000	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	2,000	0	7.00
8.00	HOUSEKEEPING CC	9.01	500	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	10,250	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	1,500	0	10.00
11.00	SKILLED NURSING FACILITY	44.00	500	0	11.00
12.00	OPERATING ROOM	50.00	7,500	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	1,000	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	1,250	0	14.00
15.00	LABORATORY	60.00	1,000	0	15.00
16.00	EMERGENCY	91.00	3,500	0	16.00
17.00	HOUSEKEEPING	9.00	1,500	0	17.00
			41,000	0	
Z - RECLASS LAUNDRY FEES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	557,810	1.00
2.00		0.00	0	0	2.00
			0	557,810	
500.00	Grand Total: Increases		5,487,177	44,319,392	500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/11/2020 6:55 am

	Decreases						6/11/2020 6:35 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS MEDICAL SUPPLIES AND DEVICES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,989	0		1.00
2.00	COMMUNICATIONS	5.01	0	27	0		2.00
3.00	ADMITTING	5.04	0	7,249	0		3.00
4.00	PATIENT ACCOUNTS	5.05	0	18,267	0		4.00
5.00	OPERATION OF PLANT	7.00	0	97,769	0		5.00
6.00	HOUSEKEEPING	9.00	0	218,618	0		6.00
7.00	HOUSEKEEPING CC	9.01	0	33,598	0		7.00
8.00	CAFETERIA	11.00	0	83	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	35,426	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	645,655	0		10.00
11.00	PHARMACY	15.00	0	139,583	0		11.00
12.00	PHARMACY CC	15.01	0	300	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	71,678	0		13.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,124,029	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	541,974	0		16.00
18.00	SKILLED NURSING FACILITY	44.00	0	280,525	0		18.00
19.00	OPERATING ROOM	50.00	0	11,894,870	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	98,378	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	203,550	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	508,120	0		22.00
23.00	CT SCAN	57.00	0	83,062	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,282	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	3,121,574	0		25.00
26.00	LABORATORY	60.00	0	297,198	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	17,322	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	6,281	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	14,567	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	53,878	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,188	0		31.00
32.00	CLINIC	90.00	0	233	0		32.00
33.00	DIABETIC EDUCATION OP	90.01	0	191	0		33.00
34.00	PAIN MANAGEMENT	90.02	0	305,303	0		34.00
35.00	EMERGENCY	91.00	0	715,464	0		35.00
36.00	NONREIMBURSABLE COST CENTER	194.01	0	4,644	0		36.00
	0		0	20,576,875			
	B - RECLASS DRUGS SOLD						
1.00	NURSING ADMINISTRATION	13.00	0	1,617	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	351	0		2.00
3.00	PHARMACY	15.00	0	6,296,186	0		3.00
4.00	PHARMACY CC	15.01	0	548,637	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	793	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	126	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	115	0		7.00
8.00	OPERATING ROOM	50.00	0	78,473	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	108	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	375,919	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,929	0		11.00
12.00	CT SCAN	57.00	0	215,278	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,282	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	180,162	0		14.00
15.00	LABORATORY	60.00	0	2,065	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	395	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	2,720	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,595	0		18.00
19.00	PAIN MANAGEMENT	90.02	0	19,769	0		19.00
20.00	EMERGENCY	91.00	0	44	0		20.00
	0		0	7,799,564			
	C - RECLASS PHARMACY SALARIES						
1.00	PHARMACY	15.00	3,442,276	0	0		1.00
2.00	PHARMACY CC	15.01	382,703	0	0		2.00
	TOTALS		3,824,979	0			
	D - RECLASS DIETARY COST						
1.00	DIETARY	10.00	414,251	123,050	0		1.00
	0		414,251	123,050			
	E - RECLASS CAFETERIA/COFFEE SHOP COST						
1.00	DIETARY	10.00	0	315,099	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	315,099			

6/11/2020 6:55 am

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/11/2020 6:55 am

		Decreases						
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
F - RECLASS EQUIPMENT RENTAL								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,850	14			
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	460,128	0			
3.00	DIETARY	10.00	0	1,253	0			
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,839	0			
5.00	PHARMACY	15.00	0	478,765	0			
6.00	ADULTS & PEDIATRICS	30.00	0	92,714	0			
7.00	INTENSIVE CARE UNIT	31.00	0	12,183	0			
8.00	SKILLED NURSING FACILITY	44.00	0	109,550	0			
9.00	OPERATING ROOM	50.00	0	130,605	0			
10.00	LABORATORY	60.00	0	79,029	0			
11.00	RESPIRATORY THERAPY	65.00	0	8,189	0			
12.00	PHYSICAL THERAPY	66.00	0	17,541	0			
13.00	OCCUPATIONAL THERAPY	67.00	0	505	0			
0			0	1,396,151				
G - RECLASS EMP MEALS TO CAFETERIA								
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	112,454	62,216	0			
0			112,454	62,216				
H - RECLASS MCC ACTIVITY THERAPY								
1.00	PHYSICAL THERAPY	66.00	70,323	33,561	0			
0			70,323	33,561				
I - RECLASS FLOAT & TRANSPORTATION COST								
1.00	NURSING ADMINISTRATION	13.00	374,184	117,569	0			
0			374,184	117,569				
K - RECLASS BLDG RENTAL								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,710,171	14			
2.00	LABORATORY	60.00	0	20	0			
3.00	PHYSICAL THERAPY	66.00	0	2,410	0			
0			0	1,712,601				
M - RECLASS IPA ASSESSMENT MCC								
1.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	100,015	0			
0			0	100,015				
N - RECLASS DEPRECIATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	366	14			
2.00	COMMUNICATIONS	5.01	0	35,382	14			
3.00	DATA PROCESSING	5.02	0	1,830,761	14			
4.00	ADMITTING	5.04	0	2,741	0			
5.00	PATIENT ACCOUNTS	5.05	0	1,756	0			
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,376,218	0			
7.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	223,552	0			
8.00	OPERATION OF PLANT	7.00	0	497,254	0			
9.00	OPERATION OF PLANT CC	7.01	0	52,893	0			
10.00	HOUSEKEEPING	9.00	0	12,310	0			
11.00	HOUSEKEEPING CC	9.01	0	455	0			
12.00	DIETARY	10.00	0	29,191	0			
13.00	CAFETERIA	11.00	0	12,055	0			
14.00	NURSING ADMINISTRATION	13.00	0	252,775	0			
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	153,573	0			
16.00	PHARMACY	15.00	0	2,670	0			
17.00	ADULTS & PEDIATRICS	30.00	0	181,169	0			
18.00	INTENSIVE CARE UNIT	31.00	0	217,076	0			
19.00	SKILLED NURSING FACILITY	44.00	0	76,979	0			
20.00	OPERATING ROOM	50.00	0	1,577,537	0			
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,209	0			
22.00	ANESTHESIOLOGY	53.00	0	118,930	0			
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	415,060	0			
24.00	CT SCAN	57.00	0	179,166	0			
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	276,712	0			
26.00	CARDIAC CATHETERIZATION	59.00	0	224,012	0			
27.00	LABORATORY	60.00	0	120,126	0			
28.00	RESPIRATORY THERAPY	65.00	0	233,651	0			
29.00	PHYSICAL THERAPY	66.00	0	55,006	0			
30.00	OCCUPATIONAL THERAPY	67.00	0	21,700	0			
31.00	SPEECH PATHOLOGY	68.00	0	25,672	0			
32.00	ELECTROCARDIOLOGY	69.00	0	231,507	0			
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,866	0			
34.00	CLINIC	90.00	0	140	0			

6/11/2020 6:55 am

RECLASSIFICATIONS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/11/2020 6:55 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
35.00	PAIN MANAGEMENT	90.02	0	31,133	0	35.00
36.00	EMERGENCY	91.00	0	94,125	0	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8,160	0	37.00
38.00	NONREIMBURSABLE COST CENTER	194.01	0	725,312	0	38.00
			0	10,371,200		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	193,785	12	1.00
2.00		0.00	0	0	12	2.00
3.00		0.00	0	0	12	3.00
			0	193,785		
Q - RECLASS NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	545,705	16,191	0	1.00
			545,705	16,191		
S - RECLASS OT EXPENSE						
1.00	PHYSICAL THERAPY	66.00	33,467	7,935	0	1.00
			33,467	7,935		
V - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	916,492	14	1.00
2.00		0.00	0	0	14	2.00
			0	916,492		
X - RECLASS HOUSEKEEPING TO LAUNDRY						
1.00	HOUSEKEEPING	9.00	70,814	19,278	0	1.00
			70,814	19,278		
Y - RECRUITMENT/RELOCATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,000	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
			0	41,000		
Z - RECLASS LAUNDRY FEES						
1.00	HOUSEKEEPING	9.00	0	487,976	0	1.00
2.00	HOUSEKEEPING CC	9.01	0	69,834	0	2.00
			0	557,810		
500.00	Grand Total: Decreases		5,446,177	44,360,392		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/11/2020 6:55 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	1,930,000	0	0	0	0	1.00	
2.00	Land Improvements	2,433,114	11,501	0	11,501	0	2.00	
3.00	Buildings and Fixtures	30,072,191	4,390,191	0	4,390,191	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	11,705,425	86,122	0	86,122	94,859	5.00	
6.00	Movable Equipment	40,232,751	5,744,931	-46,337	5,698,594	2,015,876	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	86,373,481	10,232,745	-46,337	10,186,408	2,110,735	8.00	
9.00	Reconciling Items	-18,788,960	-10,651,697	10,232,744	-418,953	0	9.00	
10.00	Total (line 8 minus line 9)	105,162,441	20,884,442	-10,279,081	10,605,361	2,110,735	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,930,000	0				1.00	
2.00	Land Improvements	2,444,615	0				2.00	
3.00	Buildings and Fixtures	34,462,382	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	11,696,688	0				5.00	
6.00	Movable Equipment	43,915,469	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	94,449,154	0				8.00	
9.00	Reconciling Items	-19,207,913	0				9.00	
10.00	Total (line 8 minus line 9)	113,657,067	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
6/11/2020 6:55 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	0	0	1.01
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0				1.01
2.00	NEW 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: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/11/2020 6:55 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	NEW CAP REL COSTS-BLDG & FIXT	42,872,889	0	42,872,889	0.463395	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	5,730,795	0	5,730,795	0.061942	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	43,915,469	0	43,915,469	0.474663	0	2.00
3.00	Total (sum of lines 1-2)	92,519,153	0	92,519,153	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	691,569	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	413,675	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,105,244	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	NEW CAP REL COSTS-BLDG & FIXT	-782,135	167,015	0	5,936,323	6,012,772	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	-134,357	12,900	0	435,585	314,128	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	13,870	0	8,024,536	8,452,081	2.00
3.00	Total (sum of lines 1-2)	-916,492	193,785	0	14,396,444	14,778,981	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/11/2020 6:55 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	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-782,135	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)	A	-134,357	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	11	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-18,555	COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,558,374			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,878,342			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-718,510	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC		0	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00

6/11/2020 6:55 am

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/11/2020 6:55 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	2.00	3.00	4.00	5.00		
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC OTHER INCOME	B	-19,300	OCCUPATIONAL THERAPY	67.00	0	33.00
33.01 PHYSICIAN LOAN FORGIVENESS	A	-127,231	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02 OTHER INCOME	B	-2,967	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 MISC OTHER INCOME	B	-70,237	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04 CONTRIBUTIONS	B	-17,683	NURSING ADMINISTRATION	13.00	0	33.04
33.05 MISC OTHER INCOME	B	-950	DELIVERY ROOM & LABOR ROOM	52.00	0	33.05
33.07 MISC OTHER INCOME	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08 MISC OTHER INCOME	B	-6,157	LABORATORY	60.00	0	33.08
33.09 MISC OTHER INCOME	B	-188,620	PHYSICAL THERAPY	66.00	0	33.09
33.10 ADVERTISING EXPENSE	A	-213,297	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.10
33.11 ADVERTISING EXPENSE	A		0OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	33.11
33.13 PENSION ADJUSTMENT	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14 CONTRIBUTIONS	A	-142,498	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.14
33.15 ELIMINATE RENTAL EXPENSE FOR VP OFFI	A		0OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.17 PURCHASE DISCOUNTS	A		0EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
35.00 LOBBYING	A	-44,107	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00 DEPRECIATION	A		0NEW CAP REL COSTS-BLDG & FIXT CC	1.01	9	36.00
37.00 DEPRECIATION	A		0NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 OTHER INCOME - CAFETERIA	B	-327,747	CAFETERIA	11.00	0	38.00
39.00 SALE OF MEDICAL RECORDS	B		0RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
40.00 LIQUOR EXPENSE	A	-8,607	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 LIQUOR EXPENSE	A	-2,240	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
41.01 LIQUOR EXPENSE	A		0OPERATION OF PLANT	7.00	0	41.01
41.02 LIQUOR EXPENSE	A	-22	NURSING ADMINISTRATION	13.00	0	41.02
41.03 LIQUOR EXPENSE	A	-200	PHARMACY	15.00	0	41.03
41.04 LIQUOR EXPENSE	A		0LABORATORY	60.00	0	41.04
41.05 LIQUOR EXPENSE	A		0PHYSICAL THERAPY	66.00	0	41.05
42.00 ENTERTAINMENT	A	-28,857	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
42.01 ENTERTAINMENT	A	-50	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.01
42.02 ENTERTAINMENT	A	-123	NURSING ADMINISTRATION	13.00	0	42.02
42.03 ENTERTAINMENT	A		0ADULTS & PEDIATRICS	30.00	0	42.03
42.04 ENTERTAINMENT	A		0LABORATORY	60.00	0	42.04
42.05 ENTERTAINMENT	A	-1,096	PHYSICAL THERAPY	66.00	0	42.05
42.06 ENTERTAINMENT	A	-28	OCCUPATIONAL THERAPY	67.00	0	42.06
43.00 REMOVE ASBESTOS ACCRUAL	A		0OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 MALPRACTICE EXPENSE	A	-343,996	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 SPONSORED PROGRAMS	A	-367,505	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,247,147				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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/11/2020 6:55 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	NEW CAP REL COSTS-BLDG & FIX	BJC CAP REL COSTS - BLDG & F	691,569	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	BJC CAP REL COSTS - MVBLE EQ	413,675	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	3,365,947	1,448,993	3.00
3.01	5.01	COMMUNICATIONS	BJC COMMUNICATIONS	0	371,326	3.01
3.02	5.02	DATA PROCESSING	BJC DATA PROCESSING	7,246,139	3,220,444	3.02
3.03	5.05	PATIENT ACCOUNTS	BJC PATIENT ACCOUNTS	0	5,381,107	3.03
3.04	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A&G	9,292,062	5,512,335	3.04
3.05	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	2,578,972	2,757,096	3.05
3.06	14.00	CENTRAL SERVICES & SUPPLY	BJC CENTRAL SUPPLY	1,210,708	1,603,428	3.06
3.07	16.00	MEDICAL RECORDS & LIBRARY	BJC MEDICAL RECORDS	126,627	1,756,142	3.07
3.08	113.00	INTEREST EXPENSE	BJC INTEREST EXPENSE	0	511,463	3.08
3.09	60.00	LABORATORY	LABORATORY PARKLAND HEALTH C	3,724	2,112	3.09
3.10	60.00	LABORATORY	BJH RELATED ORG BILLING	148,335	216,234	3.10
3.11	5.06	OTHER ADMINISTRATIVE AND GEN	TFC COMMUNICATION	116,134	122,414	3.11
3.12	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHS	95,708	142,105	3.12
3.13	60.00	LABORATORY	LABORATORY SLCH	319	481	3.13
3.14	5.06	OTHER ADMINISTRATIVE AND GEN	BJC DIVISIONAL OVERHEAD	0	387,935	3.14
3.17	60.00	LABORATORY	LABORATORY CHRISTIAN HOSPITA	75,466	53,428	3.17
4.00	0.00			0	0	4.00
5.00	0		0	25,365,385	23,487,043	5.00

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

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

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

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

6.00	B		50.00	BJC HEALTHCARE	50.00	6.00
7.00	G	JOINT VENTURE	50.00	TFC	50.00	7.00
8.00	C		50.00	MIDWEST STONE	50.00	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:	JOINT VENTURE				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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/11/2020 6:55 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	691,569	9		1.00
2.00	413,675	9		2.00
3.00	1,916,954	0		3.00
3.01	-371,326	0		3.01
3.02	4,025,695	0		3.02
3.03	-5,381,107	0		3.03
3.04	3,779,727	0		3.04
3.05	-178,124	0		3.05
3.06	-392,720	0		3.06
3.07	-1,629,515	0		3.07
3.08	-511,463	11		3.08
3.09	1,612	0		3.09
3.10	-67,899	0		3.10
3.11	-6,280	0		3.11
3.12	-46,397	0		3.12
3.13	-162	0		3.13
3.14	-387,935	0		3.14
3.17	22,038	0		3.17
4.00	0	0		4.00
5.00	1,878,342			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	TELECOMMUNICATI		7.00
8.00	LITHOTRIPSY PRO		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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/11/2020 6:55 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	49,954	0	49,954	179,000	260	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	1,739,845	642,421	1,097,424	179,000	8,709	2.00
3.00	13.00	NURSING ADMINISTRATION	49,244	0	49,244	179,000	285	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,640,446	3,640,446	0	179,000	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	2,575,000	2,575,000	0	179,000	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	2,508	0	2,508	179,000	24	6.00
7.00	50.00	OPERATING ROOM	1,930,822	1,827,142	103,680	246,400	384	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	252,931	252,931	0	237,100	0	8.00
9.00	53.00	ANESTHESIOLOGY	4,214,403	4,214,403	0	239,400	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	6,413	0	6,413	271,900	29	10.00
11.00	59.00	CARDIAC CATHETERIZATION	16,916	16,916	0	179,000	0	11.00
12.00	60.00	LABORATORY	298,108	294,108	4,000	260,300	30	12.00
13.00	66.00	PHYSICAL THERAPY	30,063	30,063	0	179,000	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	100,015	100,015	0	179,000	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	7,183	7,183	0	179,000	0	15.00
16.00	91.00	EMERGENCY	501,118	501,118	0	179,000	0	16.00
200.00			15,414,969	14,101,746	1,313,223		9,721	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	22,375	1,119	0	0	0	1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	749,476	37,474	0	0	8,116	2.00
3.00	13.00	NURSING ADMINISTRATION	24,526	1,226	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	2,065	103	0	0	0	6.00
7.00	50.00	OPERATING ROOM	45,489	2,274	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,791	190	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	3,754	188	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			851,476	42,574	0	0	8,116	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	22,375	27,579	27,579		1.00
2.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	5,119	754,595	342,829	985,250		2.00
3.00	13.00	NURSING ADMINISTRATION	0	24,526	24,718	24,718		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,640,446		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,575,000		5.00
6.00	44.00	SKILLED NURSING FACILITY	0	2,065	443	443		6.00
7.00	50.00	OPERATING ROOM	0	45,489	58,191	1,885,333		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	252,931		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	4,214,403		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	3,791	2,622	2,622		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	16,916		11.00
12.00	60.00	LABORATORY	0	3,754	246	294,354		12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	30,063		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	100,015		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	7,183		15.00
16.00	91.00	EMERGENCY	0	0	0	501,118		16.00
200.00			5,119	856,595	456,628	14,558,374		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,012,772	6,012,772			1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	314,128	0	314,128		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	8,452,081		8,452,081		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,650,399	21,211	0	2,910	4,674,520
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0
5.01	01160	COMMUNICATIONS	221,199	6,512	0	52,424	9,954
5.02	00550	DATA PROCESSING	7,295,292	49,665	0	2,376,979	3,481
5.03	00560	PURCHASING RECEIVING AND STORES	-46,167	56,245	0	0	0
5.04	00570	ADMITTING	1,161,285	0	0	4,061	49,751
5.05	00580	PATIENT ACCOUNTS	2,095,684	23,539	0	2,602	82,991
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	33,361,560	503,820	0	91,904	353,440
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	141,299	0	27,306	0	0
7.00	00700	OPERATION OF PLANT	9,257,819	1,554,600	0	175,068	66,536
7.01	00701	OPERATION OF PLANT CC	264,512	0	16,042	0	4,206
8.00	00800	LAUNDRY & LINEN SERVICE	647,902	44,480	2,422	0	3,779
9.00	00900	HOUSEKEEPING	3,841,266	73,012	0	18,239	125,870
9.01	00901	HOUSEKEEPING CC	237,052	0	3,459	674	8,914
10.00	01000	DIETARY	2,397,779	107,228	0	42,201	44,686
10.01	01001	DIETARY CC	542,098	0	13,403	0	17,723
11.00	01100	CAFETERIA	370,438	23,683	0	17,862	52,018
13.00	01300	NURSING ADMINISTRATION	3,163,665	53,686	0	374,473	119,595
14.00	01400	CENTRAL SERVICES & SUPPLY	2,252,912	40,931	0	53,912	37,204
14.01	01401	CENTRAL SERVICE & SUPPLY CC	14	0	0	0	0
15.00	01500	PHARMACY	953,771	43,567	0	7,878	0
15.01	01501	PHARMACY CC	4,617	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	610,575	54,600	0	4,609	17,922
17.00	01700	SOCIAL SERVICE	829,709	4,358	0	0	29,012
17.01	01701	SOCIAL SERVICE CC	97,167	0	2,366	0	4,438
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,522,846	870,898	0	332,142	1,058,387
31.00	03100	INTENSIVE CARE UNIT	4,492,902	81,496	0	321,635	173,443
43.00	04300	NURSERY	561,846	13,660	0	0	29,120
44.00	04400	SKILLED NURSING FACILITY	6,182,382	0	222,785	107,833	241,992
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,545,560	626,679	0	1,451,758	418,145
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,539,136	132,268	0	80,072	64,483
53.00	05300	ANESTHESIOLOGY	-185,559	11,649	0	176,722	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,044,381	138,251	0	586,102	124,712
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	986,464	43,605	0	252,003	37,528
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	381,791	27,819	0	409,996	16,959
59.00	05900	CARDIAC CATHETERIZATION	1,822,278	92,020	0	325,465	57,473
60.00	06000	LABORATORY	9,196,471	156,826	0	187,061	221,204
65.00	06500	RESPIRATORY THERAPY	2,967,470	18,287	0	147,471	104,834
66.00	06600	PHYSICAL THERAPY	5,799,654	211,157	23,112	81,234	253,431
67.00	06700	OCCUPATIONAL THERAPY	1,680,835	28,012	1,584	32,152	73,494
68.00	06800	SPEECH PATHOLOGY	861,065	28,012	1,649	52,605	35,678
69.00	06900	ELECTROCARDIOLOGY	1,685,079	35,833	0	349,670	72,044
70.00	07000	ELECTROENCEPHALOGRAPHY	1,003,722	24,251	0	30,917	38,788
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,352,082	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,224,793	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	11,625,543	0	0	0	204,166
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	509,752	38,180	0	207	0
90.01	09001	DIABETIC EDUCATION OP	555,656	6,772	0	0	9,801
90.02	09002	PAIN MANAGEMENT	916,634	88,884	0	46,129	37,132
91.00	09100	EMERGENCY	9,383,947	197,055	0	133,432	345,021
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,787,558	5,532,751	314,128	8,330,402	4,649,355
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	556,793	40,200	0	9,653	6,131
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
194.01	07950	NONREIMBURSABLE COST CENTER	-2,188	439,821	0	112,026	19,034	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	213,342,163	6,012,772	314,128	8,452,081	4,674,520	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.01	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0					4.01
5.01	01160	COMMUNICATIONS	0	290,089				5.01
5.02	00550	DATA PROCESSING	0	11,847	9,737,264			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,797	95,735	108,610		5.03
5.04	00570	ADMITTING	0	5,594		402	1,221,093	5.04
5.05	00580	PATIENT ACCOUNTS	0	15,632	338,262	1,087	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	27,479	799,915	15,468	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	0	535	0	5.07
7.00	00700	OPERATION OF PLANT	0	9,708	124,455	14,865	0	7.00
7.01	00701	OPERATION OF PLANT CC	0	165	0	1	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	494	5,319	0	0	8.00
9.00	00900	HOUSEKEEPING	0	658	61,696	8,540	0	9.00
9.01	00901	HOUSEKEEPING CC	0	165	0	880	0	9.01
10.00	01000	DIETARY	0	3,455	157,430	11,944	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	1,152	0	83	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	9,050	478,673	1,988	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	987	73,396	3,101	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	169,131	2,042	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,556	292,522	13	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,975	73,396	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	165	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	30,111	1,504,097	10,029	734,948	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,430	242,527	2,637	37,821	31.00
43.00	04300	NURSERY	0	987	56,377	0	18,825	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,898	399,958	2,282	427,320	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,023	1,324,327	8,262	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,645	191,469	1,146	2,179	52.00
53.00	05300	ANESTHESIOLOGY	0	987	0	458	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,442	485,055	1,806	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	2,962	0	182	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,316	17,019	101	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,759	107,435	1,256	0	59.00
60.00	06000	LABORATORY	0	14,315	444,634	7,596	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,468	163,812	1,172	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,885	563,770	1,723	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,316	73,396	526	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,481	56,377	306	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,531	152,112	529	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,962	129,773	968	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,582	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,645	34,039	188	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	987	17,019	66	0	90.01
90.02	09002	PAIN MANAGEMENT	0	10,037	270,184	1,793	0	90.02
91.00	09100	EMERGENCY	0	16,125	755,239	4,045	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	288,773	9,658,549	108,020	1,221,093	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,316	0	58	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	78,715	532	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	290,089	9,737,264	108,610	1,221,093	202.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			PATIENT ACCOUNTS	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.05	5A.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS	2,559,797					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	35,153,586	35,153,586			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	169,140	33,368	202,508		5.07
7.00	00700	OPERATION OF PLANT	0	11,203,051	2,210,172	0	13,413,223	7.00
7.01	00701	OPERATION OF PLANT CC	0	284,926	56,211	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	704,396	138,965	0	157,123	8.00
9.00	00900	HOUSEKEEPING	0	4,129,281	814,637	0	257,908	9.00
9.01	00901	HOUSEKEEPING CC	0	251,144	49,546	0	0	9.01
10.00	01000	DIETARY	0	2,764,723	545,433	0	378,775	10.00
10.01	01001	DIETARY CC	0	573,224	113,087	0	0	10.01
11.00	01100	CAFETERIA	0	465,236	91,783	0	83,659	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,201,130	828,812	0	189,642	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,462,443	485,798	0	144,585	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	14	3	0	0	14.01
15.00	01500	PHARMACY	0	1,176,389	232,082	0	153,895	15.00
15.01	01501	PHARMACY CC	0	4,617	911	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	988,797	195,073	0	192,870	16.00
17.00	01700	SOCIAL SERVICE	0	938,450	185,140	0	15,393	17.00
17.01	01701	SOCIAL SERVICE CC	0	104,136	20,544	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	276,755	31,340,213	6,182,901	0	3,076,376	30.00
31.00	03100	INTENSIVE CARE UNIT	54,696	5,412,587	1,067,811	0	287,878	31.00
43.00	04300	NURSERY	6,770	687,585	135,649	0	48,252	43.00
44.00	04400	SKILLED NURSING FACILITY	18,910	7,611,360	1,501,592	202,508	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	275,152	15,686,906	3,094,760	0	2,213,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,005	2,017,403	397,999	0	467,225	52.00
53.00	05300	ANESTHESIOLOGY	55,213	59,470	11,732	0	41,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	130,382	4,528,131	893,323	0	488,360	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	206,475	1,529,219	301,689	0	154,031	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48,364	903,365	178,219	0	98,270	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,616	2,466,302	486,559	0	325,052	59.00
60.00	06000	LABORATORY	356,950	10,585,057	2,088,252	0	553,976	60.00
65.00	06500	RESPIRATORY THERAPY	109,837	3,515,351	693,519	0	64,596	65.00
66.00	06600	PHYSICAL THERAPY	108,984	7,051,950	1,391,230	0	745,895	66.00
67.00	06700	OCCUPATIONAL THERAPY	33,779	1,925,094	379,788	0	98,950	67.00
68.00	06800	SPEECH PATHOLOGY	7,890	1,045,063	206,173	0	98,950	68.00
69.00	06900	ELECTROCARDIOLOGY	144,139	2,449,937	483,331	0	126,575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,972	1,261,353	248,844	0	85,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,385	6,396,467	1,261,914	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,971	14,305,764	2,822,284	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,172	12,127,463	2,392,542	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,504	588,515	116,104	0	134,867	90.00
90.01	09001	DIABETIC EDUCATION OP	585	590,886	116,572	0	23,922	90.01
90.02	09002	PAIN MANAGEMENT	19,020	1,389,813	274,186	0	313,975	90.02
91.00	09100	EMERGENCY	195,271	11,030,135	2,176,058	0	696,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,559,797	212,080,072	34,904,596	202,508	11,717,588	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	614,151	121,162	0	142,002	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	647,940	127,828	0	1,553,633	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,559,797	213,342,163	35,153,586	202,508	13,413,223	202.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC	341,137				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,052	1,003,536			8.00
9.00	00900	HOUSEKEEPING	0	0	5,201,826		9.00
9.01	00901	HOUSEKEEPING CC	4,358	0	0	305,048	9.01
10.00	01000	DIETARY	0	0	13,010	0	10.00
10.01	01001	DIETARY CC	16,886	0	0	15,435	10.01
11.00	01100	CAFETERIA	0	0	38,549	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	27,766	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	77,796	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	59,548	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	26,325	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	2,981	0	0	2,724	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	360,622	2,002,880	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,041	150,310	0	31.00
43.00	04300	NURSERY	0	0	16,851	0	43.00
44.00	04400	SKILLED NURSING FACILITY	280,670	165,866	175	256,551	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	93,624	929,364	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,708	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	14,974	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,832	165,721	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	16,765	18,292	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,931	13,665	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,066	125,862	0	59.00
60.00	06000	LABORATORY	0	0	148,171	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,525	0	65.00
66.00	06600	PHYSICAL THERAPY	29,117	4,065	16,939	26,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,995	0	0	1,824	67.00
68.00	06800	SPEECH PATHOLOGY	2,078	0	0	1,899	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,671	96,569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	52,912	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	17,375	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	11,089	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	179,345	541,256	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	341,137	1,003,536	4,576,924	305,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	46,975	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	577,927	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	341,137	1,003,536	5,201,826	305,048	202.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	718,632					10.01
11.00	01100	CAFETERIA	0	679,227				11.00
13.00	01300	NURSING ADMINISTRATION	0	15,126	5,262,476			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,236	0	3,180,858		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	17	14.01
15.00	01500	PHARMACY	0	0	0	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,012	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,410	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	1,051	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	204,406	2,204,290	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,833	435,563	0	0	31.00
43.00	04300	NURSERY	0	6,362	125,884	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	718,632	54,929	379,104	0	17	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	69,330	969,662	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,039	167,213	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,172	12	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	6,586	15,934	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,795	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,981	91,116	0	0	59.00
60.00	06000	LABORATORY	0	44,856	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	20,302	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	48,709	12,548	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,136	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,741	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,914	35,378	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,658	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	981,930	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,198,928	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	1,357	13,289	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	6,790	70,869	0	0	90.02
91.00	09100	EMERGENCY	0	60,233	741,614	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	718,632	668,964	5,262,476	3,180,858	17	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,747	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	7,516	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	718,632	679,227	5,262,476	3,180,858	17	202.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
			15.00	15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	1,621,914					15.00
15.01	01501	PHARMACY CC	0	5,528				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,406,077			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,145,393		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	131,436	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	165	0	484,708	905,382	0	30.00
31.00	03100	INTENSIVE CARE UNIT	26	0	37,285	69,766	0	31.00
43.00	04300	NURSERY	0	0	12,732	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,528	287,975	0	131,436	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,323	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	78,193	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,225	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	44,779	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,419	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,475	0	0	0	0	59.00
60.00	06000	LABORATORY	430	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	82	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	566	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	332	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,423,756	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	4,112	0	0	0	0	90.02
91.00	09100	EMERGENCY	9	0	583,377	170,245	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,621,914	5,528	1,406,077	1,145,393	131,436	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,621,914	5,528	1,406,077	1,145,393	131,436	202.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC				4.01
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTS				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC				5.07
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CC				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING CC				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY CC				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC				14.01
15.00	01500	PHARMACY				15.00
15.01	01501	PHARMACY CC				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE CC				17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,199,111	0	50,199,111	30.00
31.00	03100	INTENSIVE CARE UNIT	7,823,873	0	7,823,873	31.00
43.00	04300	NURSERY	1,033,315	0	1,033,315	43.00
44.00	04400	SKILLED NURSING FACILITY	11,596,343	0	11,596,343	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,073,663	0	23,073,663	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,093,609	0	3,093,609	52.00
53.00	05300	ANESTHESIOLOGY	205,519	0	205,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,135,776	0	6,135,776	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	56.02
57.00	05700	CT SCAN	2,087,295	0	2,087,295	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,216,664	0	1,216,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,565,413	0	3,565,413	59.00
60.00	06000	LABORATORY	13,420,742	0	13,420,742	60.00
65.00	06500	RESPIRATORY THERAPY	4,305,375	0	4,305,375	65.00
66.00	06600	PHYSICAL THERAPY	9,327,634	0	9,327,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,421,787	0	2,421,787	67.00
68.00	06800	SPEECH PATHOLOGY	1,358,904	0	1,358,904	68.00
69.00	06900	ELECTROCARDIOLOGY	3,215,707	0	3,215,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,656,431	0	1,656,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,640,311	0	8,640,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,326,976	0	19,326,976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,943,761	0	15,943,761	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	856,861	0	856,861	90.00
90.01	09001	DIABETIC EDUCATION OP	757,115	0	757,115	90.01
90.02	09002	PAIN MANAGEMENT	2,059,745	0	2,059,745	90.02
91.00	09100	EMERGENCY	16,178,352	0	16,178,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	209,500,282	0	209,500,282	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	927,037	0	927,037	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	2,914,844	0	2,914,844	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00

6/11/2020 6:55 am

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	213,342,163	0	213,342,163		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,211	0	2,910	24,121
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0
5.01	01160	COMMUNICATIONS	0	6,512	0	52,424	58,936
5.02	00550	DATA PROCESSING	0	49,665	0	2,376,979	2,426,644
5.03	00560	PURCHASING RECEIVING AND STORES	0	56,245	0	0	56,245
5.04	00570	ADMITTING	0	0	0	4,061	4,061
5.05	00580	PATIENT ACCOUNTS	0	23,539	0	2,602	26,141
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	503,820	0	91,904	595,724
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	27,306	0	27,306
7.00	00700	OPERATION OF PLANT	0	1,554,600	0	175,068	1,729,668
7.01	00701	OPERATION OF PLANT CC	0	0	16,042	0	16,042
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,480	2,422	0	46,902
9.00	00900	HOUSEKEEPING	0	73,012	0	18,239	91,251
9.01	00901	HOUSEKEEPING CC	0	0	3,459	674	4,133
10.00	01000	DIETARY	0	107,228	0	42,201	149,429
10.01	01001	DIETARY CC	0	0	13,403	0	13,403
11.00	01100	CAFETERIA	0	23,683	0	17,862	41,545
13.00	01300	NURSING ADMINISTRATION	0	53,686	0	374,473	428,159
14.00	01400	CENTRAL SERVICES & SUPPLY	0	40,931	0	53,912	94,843
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00	01500	PHARMACY	0	43,567	0	7,878	51,445
15.01	01501	PHARMACY CC	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,600	0	4,609	59,209
17.00	01700	SOCIAL SERVICE	0	4,358	0	0	4,358
17.01	01701	SOCIAL SERVICE CC	0	0	2,366	0	2,366
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	870,898	0	332,142	1,203,040
31.00	03100	INTENSIVE CARE UNIT	0	81,496	0	321,635	403,131
43.00	04300	NURSERY	0	13,660	0	0	13,660
44.00	04400	SKILLED NURSING FACILITY	0	0	222,785	107,833	330,618
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	626,679	0	1,451,758	2,078,437
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	132,268	0	80,072	212,340
53.00	05300	ANESTHESIOLOGY	0	11,649	0	176,722	188,371
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,251	0	586,102	724,353
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	0	43,605	0	252,003	295,608
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,819	0	409,996	437,815
59.00	05900	CARDIAC CATHETERIZATION	0	92,020	0	325,465	417,485
60.00	06000	LABORATORY	0	156,826	0	187,061	343,887
65.00	06500	RESPIRATORY THERAPY	0	18,287	0	147,471	165,758
66.00	06600	PHYSICAL THERAPY	0	211,157	23,112	81,234	315,503
67.00	06700	OCCUPATIONAL THERAPY	0	28,012	1,584	32,152	61,748
68.00	06800	SPEECH PATHOLOGY	0	28,012	1,649	52,605	82,266
69.00	06900	ELECTROCARDIOLOGY	0	35,833	0	349,670	385,503
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,251	0	30,917	55,168
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	38,180	0	207	38,387
90.01	09001	DIABETIC EDUCATION OP	0	6,772	0	0	6,772
90.02	09002	PAIN MANAGEMENT	0	88,884	0	46,129	135,013
91.00	09100	EMERGENCY	0	197,055	0	133,432	330,487
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	5,532,751	314,128	8,330,402	14,177,281
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,532,751	314,128	8,330,402	14,177,281
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,200	0	9,653	49,853
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0
194.01	07950	NONREIMBURSABLE COST CENTER	0	439,821	0	112,026	551,847

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	6,012,772	314,128	8,452,081	14,778,981	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,121					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0				4.01
5.01	01160	COMMUNICATIONS	51	0	58,987			5.01
5.02	00550	DATA PROCESSING	18	0	2,409	2,429,071		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	569	23,882	56,626	5.03
5.04	00570	ADMITTING	256	0	1,138	0	209	5.04
5.05	00580	PATIENT ACCOUNTS	428	0	3,179	84,383	567	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,821	0	5,588	199,548	8,062	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	0	0	279	5.07
7.00	00700	OPERATION OF PLANT	343	0	1,974	31,047	7,750	7.00
7.01	00701	OPERATION OF PLANT CC	22	0	33	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	19	0	100	1,327	0	8.00
9.00	00900	HOUSEKEEPING	649	0	134	15,391	4,453	9.00
9.01	00901	HOUSEKEEPING CC	46	0	33	0	459	9.01
10.00	01000	DIETARY	230	0	703	39,273	6,227	10.00
10.01	01001	DIETARY CC	91	0	0	0	0	10.01
11.00	01100	CAFETERIA	268	0	234	0	43	11.00
13.00	01300	NURSING ADMINISTRATION	616	0	1,840	119,410	1,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	192	0	201	18,310	1,617	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	0	42,192	1,065	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	92	0	1,740	72,973	7	16.00
17.00	01700	SOCIAL SERVICE	150	0	401	18,310	0	17.00
17.01	01701	SOCIAL SERVICE CC	23	0	33	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,487	0	6,123	375,212	5,229	30.00
31.00	03100	INTENSIVE CARE UNIT	894	0	1,104	60,501	1,375	31.00
43.00	04300	NURSERY	150	0	201	14,064	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,247	0	1,606	99,774	1,190	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,155	0	7,526	330,369	4,307	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	332	0	335	47,764	598	52.00
53.00	05300	ANESTHESIOLOGY	0	0	201	0	239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	643	0	3,547	121,002	942	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	193	0	602	0	95	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87	0	268	4,246	53	58.00
59.00	05900	CARDIAC CATHETERIZATION	296	0	1,171	26,801	655	59.00
60.00	06000	LABORATORY	1,140	0	2,911	110,919	3,960	60.00
65.00	06500	RESPIRATORY THERAPY	540	0	502	40,865	611	65.00
66.00	06600	PHYSICAL THERAPY	1,306	0	1,807	140,639	898	66.00
67.00	06700	OCCUPATIONAL THERAPY	379	0	268	18,310	274	67.00
68.00	06800	SPEECH PATHOLOGY	184	0	301	14,064	160	68.00
69.00	06900	ELECTROCARDIOLOGY	371	0	2,141	37,946	276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200	0	602	32,373	505	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,052	0	1,338	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	335	8,491	98	90.00
90.01	09001	DIABETIC EDUCATION OP	51	0	201	4,246	35	90.01
90.02	09002	PAIN MANAGEMENT	191	0	2,041	67,400	935	90.02
91.00	09100	EMERGENCY	1,778	0	3,279	188,403	2,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,991	0	58,719	2,409,435	56,319	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32	0	268	0	30	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	98	0	0	19,636	277	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	24,070	201.00
202.00		TOTAL (sum lines 118 through 201)	24,121	0	58,987	2,429,071	80,696	202.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			ADMITTING	PATIENT ACCOUNTS	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.04	5.05	5.06	5.07	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	5,664					5.04
5.05	00580	PATIENT ACCOUNTS	0	114,698				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	810,743			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	770	28,355		5.07
7.00	00700	OPERATION OF PLANT	0	0	50,974	0	1,821,756	7.00
7.01	00701	OPERATION OF PLANT CC	0	0	1,296	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,205	0	21,340	8.00
9.00	00900	HOUSEKEEPING	0	0	18,788	0	35,029	9.00
9.01	00901	HOUSEKEEPING CC	0	0	1,143	0	0	9.01
10.00	01000	DIETARY	0	0	12,579	0	51,444	10.00
10.01	01001	DIETARY CC	0	0	2,608	0	0	10.01
11.00	01100	CAFETERIA	0	0	2,117	0	11,362	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	19,115	0	25,757	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,204	0	19,637	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	5,353	0	20,902	15.00
15.01	01501	PHARMACY CC	0	0	21	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,499	0	26,195	16.00
17.00	01700	SOCIAL SERVICE	0	0	4,270	0	2,091	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	474	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,410	12,379	142,583	0	417,830	30.00
31.00	03100	INTENSIVE CARE UNIT	175	2,447	24,627	0	39,099	31.00
43.00	04300	NURSERY	87	303	3,129	0	6,553	43.00
44.00	04400	SKILLED NURSING FACILITY	1,982	846	34,632	28,355	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,307	71,375	0	300,659	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10	224	9,179	0	63,457	52.00
53.00	05300	ANESTHESIOLOGY	0	2,470	271	0	5,589	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,832	20,603	0	66,328	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	9,236	6,958	0	20,920	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,163	4,110	0	13,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,443	11,222	0	44,148	59.00
60.00	06000	LABORATORY	0	16,165	48,162	0	75,240	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,913	15,995	0	8,773	65.00
66.00	06600	PHYSICAL THERAPY	0	4,875	32,086	0	101,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,511	8,759	0	13,439	67.00
68.00	06800	SPEECH PATHOLOGY	0	353	4,755	0	13,439	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,447	11,147	0	17,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,341	5,739	0	11,635	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,985	29,104	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,622	65,091	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,024	55,180	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	201	2,678	0	18,317	90.00
90.01	09001	DIABETIC EDUCATION OP	0	26	2,689	0	3,249	90.01
90.02	09002	PAIN MANAGEMENT	0	851	6,324	0	42,643	90.02
91.00	09100	EMERGENCY	0	8,734	50,187	0	94,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,664	114,698	805,001	28,355	1,591,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,794	0	19,286	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	2,948	0	211,011	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,664	114,698	810,743	28,355	1,821,756	202.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.01	8.00	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401 EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 PATIENT ACCOUNTS						5.05
5.06	00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590 OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT CC	17,393					7.01
8.00	00800 LAUNDRY & LINEN SERVICE	156	73,049				8.00
9.00	00900 HOUSEKEEPING	0	0	165,695			9.00
9.01	00901 HOUSEKEEPING CC	222	0	0	6,036		9.01
10.00	01000 DIETARY	0	0	414	0	260,299	10.00
10.01	01001 DIETARY CC	861	0	0	305	0	10.01
11.00	01100 CAFETERIA	0	0	1,228	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	884	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	2,478	0	0	14.00
14.01	01401 CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500 PHARMACY	0	0	1,897	0	0	15.00
15.01	01501 PHARMACY CC	0	0	0	0	0	15.01
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	839	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701 SOCIAL SERVICE CC	152	0	0	54	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	26,249	63,798	0	241,682	30.00
31.00	03100 INTENSIVE CARE UNIT	0	5,317	4,788	0	18,617	31.00
43.00	04300 NURSERY	0	0	537	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	14,309	12,074	6	5,076	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	6,815	29,603	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,454	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	477	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,099	5,279	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	1,220	583	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	796	435	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,752	4,009	0	0	59.00
60.00	06000 LABORATORY	0	0	4,720	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	367	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,485	296	540	527	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	102	0	0	36	0	67.00
68.00	06800 SPEECH PATHOLOGY	106	0	0	38	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	922	3,076	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,685	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	553	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	353	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	13,055	17,241	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	17,393	73,049	145,790	6,036	260,299	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,496	0	0	190.00
194.00	07953 EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950 NONREIMBURSABLE COST CENTER	0	0	18,409	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,393	73,049	165,695	6,036	260,299	202.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	17,268					10.01
11.00	01100	CAFETERIA	0	56,797				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,265	598,083			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	856	0	149,338		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	0	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	252	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	536	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	88	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,092	250,519	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,077	49,502	0	0	31.00
43.00	04300	NURSERY	0	532	14,307	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	17,268	4,593	43,085	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,797	110,203	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	839	19,004	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,105	1	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	551	1,811	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	234	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	751	10,355	0	0	59.00
60.00	06000	LABORATORY	0	3,751	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,698	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,073	1,426	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,182	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	396	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	913	4,021	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	640	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	46,103	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	103,235	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	113	1,510	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	568	8,054	0	0	90.02
91.00	09100	EMERGENCY	0	5,037	84,285	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,268	55,939	598,083	149,338	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	230	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	628	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,268	56,797	598,083	149,338	0	202.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
			15.00	15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	122,854					15.00
15.01	01501	PHARMACY CC	0	21				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	165,806			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	30,116		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	3,190	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12	0	57,157	23,806	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2	0	4,397	1,834	0	31.00
43.00	04300	NURSERY	0	0	1,501	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	21	33,958	0	3,190	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,236	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,923	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	472	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	3,392	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	713	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,839	0	0	0	0	59.00
60.00	06000	LABORATORY	33	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	6	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	43	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	25	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,844	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	311	0	0	0	0	90.02
91.00	09100	EMERGENCY	1	0	68,793	4,476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	122,854	21	165,806	30,116	3,190	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	122,854	21	165,806	30,116	3,190	202.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC				4.01
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTS				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC				5.07
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CC				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING CC				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY CC				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC				14.01
15.00	01500	PHARMACY				15.00
15.01	01501	PHARMACY CC				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE CC				17.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,851,608	0	2,851,608	30.00
31.00	03100	INTENSIVE CARE UNIT	619,887	0	619,887	31.00
43.00	04300	NURSERY	55,024	0	55,024	43.00
44.00	04400	SKILLED NURSING FACILITY	633,830	0	633,830	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,960,789	0	2,960,789	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,538	0	356,538	52.00
53.00	05300	ANESTHESIOLOGY	203,541	0	203,541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,206	0	953,206	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	56.02
57.00	05700	CT SCAN	341,169	0	341,169	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	464,267	0	464,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	523,927	0	523,927	59.00
60.00	06000	LABORATORY	610,888	0	610,888	60.00
65.00	06500	RESPIRATORY THERAPY	240,028	0	240,028	65.00
66.00	06600	PHYSICAL THERAPY	606,810	0	606,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,008	0	106,008	67.00
68.00	06800	SPEECH PATHOLOGY	116,062	0	116,062	68.00
69.00	06900	ELECTROCARDIOLOGY	469,979	0	469,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,888	0	109,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,192	0	77,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	171,948	0	171,948	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,438	0	178,438	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	69,060	0	69,060	90.00
90.01	09001	DIABETIC EDUCATION OP	19,245	0	19,245	90.01
90.02	09002	PAIN MANAGEMENT	264,331	0	264,331	90.02
91.00	09100	EMERGENCY	872,405	0	872,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,876,068	0	13,876,068	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,989	0	73,989	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	804,854	0	804,854	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00

6/11/2020 6:55 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	24,070	0	24,070		201.00
202.00	TOTAL (sum lines 118 through 201)	14,778,981	0	14,778,981		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	4.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	625,063				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	33,327			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,704,425			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,205	1,964	87,598,124		4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	5,195,983	4.01
5.01	01160	COMMUNICATIONS	677	0	35,382	186,531	0 5.01
5.02	00550	DATA PROCESSING	5,163	0	1,604,255	65,225	0 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,847	0	0	0	0 5.03
5.04	00570	ADMITTING	0	0	2,741	932,321	0 5.04
5.05	00580	PATIENT ACCOUNTS	2,447	0	1,756	1,555,223	0 5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	52,375	0	62,027	6,623,307	0 5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	2,897	0	0	0 5.07
7.00	00700	OPERATION OF PLANT	161,610	0	118,156	1,246,859	0 7.00
7.01	00701	OPERATION OF PLANT CC	0	1,702	0	78,816	78,816 7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,624	257	0	70,814	0 8.00
9.00	00900	HOUSEKEEPING	7,590	0	12,310	2,358,755	0 9.00
9.01	00901	HOUSEKEEPING CC	0	367	455	167,053	167,053 9.01
10.00	01000	DIETARY	11,147	0	28,482	837,391	0 10.00
10.01	01001	DIETARY CC	0	1,422	0	332,122	332,122 10.01
11.00	01100	CAFETERIA	2,462	0	12,055	974,789	0 11.00
13.00	01300	NURSING ADMINISTRATION	5,581	0	252,737	2,241,153	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,255	0	36,386	697,191	0 14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0 14.01
15.00	01500	PHARMACY	4,529	0	5,317	0	0 15.00
15.01	01501	PHARMACY CC	0	0	0	0	0 15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	5,676	0	3,111	335,858	0 16.00
17.00	01700	SOCIAL SERVICE	453	0	0	543,677	0 17.00
17.01	01701	SOCIAL SERVICE CC	0	251	0	83,166	83,166 17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,535	0	224,167	19,833,311	0 30.00
31.00	03100	INTENSIVE CARE UNIT	8,472	0	217,076	3,250,246	0 31.00
43.00	04300	NURSERY	1,420	0	0	545,705	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	23,636	72,778	4,534,826	4,534,826 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	65,147	0	979,811	7,835,863	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,750	0	54,042	1,208,382	0 52.00
53.00	05300	ANESTHESIOLOGY	1,211	0	119,272	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,372	0	395,568	2,337,057	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00	05700	CT SCAN	4,533	0	170,080	703,258	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,892	0	276,712	317,796	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	9,566	0	219,661	1,077,029	0 59.00
60.00	06000	LABORATORY	16,303	0	126,250	4,145,262	0 60.00
65.00	06500	RESPIRATORY THERAPY	1,901	0	99,530	1,964,547	0 65.00
66.00	06600	PHYSICAL THERAPY	21,951	2,452	54,826	4,749,187	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,912	168	21,700	1,377,252	0 67.00
68.00	06800	SPEECH PATHOLOGY	2,912	175	35,504	668,598	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,725	0	235,997	1,350,074	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,521	0	20,866	726,873	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,825,979	0 73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,969	0	140	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	704	0	0	183,667	0 90.01
90.02	09002	PAIN MANAGEMENT	9,240	0	31,133	695,834	0 90.02
91.00	09100	EMERGENCY	20,485	0	90,055	6,465,551	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	575,162	33,327	5,622,302	87,126,548	5,195,983 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,179	0	6,515	114,893	0 190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0 194.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	4.01	
194.01	07950	NONREIMBURSABLE COST CENTER	45,722	0	75,608	356,683	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,012,772	314,128	8,452,081	4,674,520	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.619466	9.425631	1.481671	0.053363	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				24,121	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000275	0.000000	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS	1,763					5.01
5.02	00550	DATA PROCESSING	72	9,154				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	17	90	2,397,678			5.03
5.04	00570	ADMITTING	34	0	8,867	71,159		5.04
5.05	00580	PATIENT ACCOUNTS	95	318	23,992	0	995,638,929	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	167	752	341,503	0	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	11,800	0	0	5.07
7.00	00700	OPERATION OF PLANT	59	117	328,167	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	1	0	20	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3	5	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4	58	188,537	0	0	9.00
9.01	00901	HOUSEKEEPING CC	1	0	19,430	0	0	9.01
10.00	01000	DIETARY	21	148	263,667	0	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	7	0	1,831	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	55	450	43,893	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	69	68,455	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	159	45,081	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	52	275	287	0	0	16.00
17.00	01700	SOCIAL SERVICE	12	69	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	1	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183	1,414	221,404	42,829	107,644,869	30.00
31.00	03100	INTENSIVE CARE UNIT	33	228	58,222	2,204	21,274,328	31.00
43.00	04300	NURSERY	6	53	0	1,097	2,633,059	43.00
44.00	04400	SKILLED NURSING FACILITY	48	376	50,386	24,902	7,355,223	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	225	1,245	182,388	0	107,021,368	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10	180	25,303	127	1,946,770	52.00
53.00	05300	ANESTHESIOLOGY	6	0	10,108	0	21,475,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106	456	39,871	0	50,712,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	18	0	4,014	0	80,309,155	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8	16	2,235	0	18,811,372	58.00
59.00	05900	CARDIAC CATHETERIZATION	35	101	27,727	0	21,242,984	59.00
60.00	06000	LABORATORY	87	418	167,685	0	138,833,162	60.00
65.00	06500	RESPIRATORY THERAPY	15	154	25,863	0	42,721,519	65.00
66.00	06600	PHYSICAL THERAPY	54	530	38,034	0	42,389,629	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	69	11,607	0	13,138,566	67.00
68.00	06800	SPEECH PATHOLOGY	9	53	6,754	0	3,068,999	68.00
69.00	06900	ELECTROCARDIOLOGY	64	143	11,676	0	56,063,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18	122	21,365	0	11,657,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	17,263,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,493,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40	0	0	0	113,252,583	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10	32	4,140	0	1,751,810	90.00
90.01	09001	DIABETIC EDUCATION OP	6	16	1,466	0	227,665	90.01
90.02	09002	PAIN MANAGEMENT	61	254	39,572	0	7,397,712	90.02
91.00	09100	EMERGENCY	98	710	89,293	0	75,951,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,755	9,080	2,384,643	71,159	995,638,929	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	1,287	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	74	11,748	0	0	194.01
200.00		Cross Foot Adjustments						200.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	290,089	9,737,264	108,610	1,221,093	2,559,797	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	164.542825	1,063.716845	0.045298	17.160064	0.002571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	58,987	2,429,071	80,696	5,664	114,698	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	33.458310	265.356238	0.023617	0.079596	0.000115	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
			5A.06	5.06	5.07	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-35,153,586	178,188,577				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	169,140	1			5.07
7.00	00700	OPERATION OF PLANT	0	11,203,051	0	394,739		7.00
7.01	00701	OPERATION OF PLANT CC	0	284,926	0	0	28,728	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	704,396	0	4,624	257	8.00
9.00	00900	HOUSEKEEPING	0	4,129,281	0	7,590	0	9.00
9.01	00901	HOUSEKEEPING CC	0	251,144	0	0	367	9.01
10.00	01000	DIETARY	0	2,764,723	0	11,147	0	10.00
10.01	01001	DIETARY CC	0	573,224	0	0	1,422	10.01
11.00	01100	CAFETERIA	0	465,236	0	2,462	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,201,130	0	5,581	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,462,443	0	4,255	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	14	0	0	0	14.01
15.00	01500	PHARMACY	0	1,176,389	0	4,529	0	15.00
15.01	01501	PHARMACY CC	0	4,617	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	988,797	0	5,676	0	16.00
17.00	01700	SOCIAL SERVICE	0	938,450	0	453	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	104,136	0	0	251	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	31,340,213	0	90,535	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,412,587	0	8,472	0	31.00
43.00	04300	NURSERY	0	687,585	0	1,420	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,611,360	1	0	23,636	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,686,906	0	65,147	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,017,403	0	13,750	0	52.00
53.00	05300	ANESTHESIOLOGY	0	59,470	0	1,211	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,528,131	0	14,372	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	1,529,219	0	4,533	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	903,365	0	2,892	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,466,302	0	9,566	0	59.00
60.00	06000	LABORATORY	0	10,585,057	0	16,303	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,515,351	0	1,901	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,051,950	0	21,951	2,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,925,094	0	2,912	168	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,045,063	0	2,912	175	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,449,937	0	3,725	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,261,353	0	2,521	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,396,467	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,305,764	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,127,463	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	588,515	0	3,969	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	590,886	0	704	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,389,813	0	9,240	0	90.02
91.00	09100	EMERGENCY	0	11,030,135	0	20,485	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,153,586	176,926,486	1	344,838	28,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	614,151	0	4,179	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	647,940	0	45,722	0	194.01
200.00		Cross Foot Adjustments						200.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		35,153,586	202,508	13,413,223	341,137	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.197283	202,508.000000	33.979979	11.874722	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		810,743	28,355	1,821,756	17,393	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.004550	28,355.000000	4.615090	0.605437	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,188,350				8.00
9.00	00900	HOUSEKEEPING	0	119,153			9.00
9.01	00901	HOUSEKEEPING CC	0	0	28,104		9.01
10.00	01000	DIETARY	0	298	0	218,196	10.00
10.01	01001	DIETARY CC	0	0	1,422	0	10.01
11.00	01100	CAFETERIA	0	883	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	636	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,782	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	1,364	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	603	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	251	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	427,035	45,878	0	202,590	30.00
31.00	03100	INTENSIVE CARE UNIT	86,493	3,443	0	15,606	31.00
43.00	04300	NURSERY	0	386	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	196,412	4	23,636	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	110,866	21,288	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,916	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	343	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,142	3,796	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	19,852	419	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,944	313	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,498	2,883	0	0	59.00
60.00	06000	LABORATORY	0	3,394	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	264	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,814	388	2,452	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	168	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	175	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,004	2,212	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,212	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	398	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	254	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	212,374	12,398	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,188,350	104,839	28,104	218,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,076	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	13,238	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
			8.00	9.00	9.01	10.00	10.01	
202.00		Cost to be allocated (per Wkst. B, Part I)	1,003,536	5,201,826	305,048	3,701,941	718,632	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.844478	43.656693	10.854256	16.966127	9.113681	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,049	165,695	6,036	260,299	17,268	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.061471	1.390607	0.214774	1.192960	0.218993	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
			11.00	13.00	14.00	14.01	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA	100,136					11.00
13.00	01300	NURSING ADMINISTRATION	2,230	845,486				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,509		20,576,874			14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	1		14.01
15.00	01500	PHARMACY	0	0	0	0	7,797,481	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	444	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	945	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	155	0	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,135	354,148	0	0	793	30.00
31.00	03100	INTENSIVE CARE UNIT	3,661	69,979	0	0	126	31.00
43.00	04300	NURSERY	938	20,225	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,098	60,908	0	1	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,221	155,789	0	0	78,473	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,480	26,865	0	0	108	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	375,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,711	2	0	0	29,929	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	971	2,560	0	0	215,278	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	412	0	0	0	45,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,324	14,639	0	0	180,162	59.00
60.00	06000	LABORATORY	6,613	0	0	0	2,065	60.00
65.00	06500	RESPIRATORY THERAPY	2,993	0	0	0	395	65.00
66.00	06600	PHYSICAL THERAPY	7,181	2,016	0	0	2,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,084	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	699	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,609	5,684	0	0	1,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,129	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,352,081	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	14,224,793	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,844,823	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	200	2,135	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,001	11,386	0	0	19,769	90.02
91.00	09100	EMERGENCY	8,880	119,150	0	0	44	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,623	845,486	20,576,874	1	7,797,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	405	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	1,108	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
		11.00	13.00	14.00	14.01	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	679,227	5,262,476	3,180,858	17	1,621,914	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.783045	6.224202	0.154584	17.000000	0.208005	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	56,797	598,083	149,338	0	122,854	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.567199	0.707384	0.007258	0.000000	0.015756	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)	
			15.01	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING CC					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY CC					10.01
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC					14.01
15.00	01500	PHARMACY					15.00
15.01	01501	PHARMACY CC	115				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,277			16.00
17.00	01700	SOCIAL SERVICE	0	0	20,325		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	3,287	17.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,198	16,066	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	246	1,238	0	31.00
43.00	04300	NURSERY	0	84	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	115	1,900	0	3,287	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	3,849	3,021	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115	9,277	20,325	3,287	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00

6/11/2020 6:55 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
		15.01	16.00	17.00	17.01		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,528	1,406,077	1,145,393	131,436		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	48.069565	151.565916	56.353899	39.986614		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21	165,806	30,116	3,190		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.182609	17.872804	1.481722	0.970490		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,199,111		50,199,111	0	50,199,111	30.00
31.00	03100	INTENSIVE CARE UNIT	7,823,873		7,823,873	0	7,823,873	31.00
43.00	04300	NURSERY	1,033,315		1,033,315	0	1,033,315	43.00
44.00	04400	SKILLED NURSING FACILITY	11,596,343		11,596,343	443	11,596,786	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,073,663		23,073,663	58,191	23,131,854	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,093,609		3,093,609	0	3,093,609	52.00
53.00	05300	ANESTHESIOLOGY	205,519		205,519	0	205,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,135,776		6,135,776	2,622	6,138,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.02	05602	MISC NURSING OP	0		0	0	0	56.02
57.00	05700	CT SCAN	2,087,295		2,087,295	0	2,087,295	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,216,664		1,216,664	0	1,216,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,565,413		3,565,413	0	3,565,413	59.00
60.00	06000	LABORATORY	13,420,742		13,420,742	246	13,420,988	60.00
65.00	06500	RESPIRATORY THERAPY	4,305,375	0	4,305,375	0	4,305,375	65.00
66.00	06600	PHYSICAL THERAPY	9,327,634	0	9,327,634	0	9,327,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,421,787	0	2,421,787	0	2,421,787	67.00
68.00	06800	SPEECH PATHOLOGY	1,358,904	0	1,358,904	0	1,358,904	68.00
69.00	06900	ELECTROCARDIOLOGY	3,215,707		3,215,707	0	3,215,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,656,431		1,656,431	0	1,656,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,640,311		8,640,311	0	8,640,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,326,976		19,326,976	0	19,326,976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,943,761		15,943,761	0	15,943,761	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	856,861		856,861	0	856,861	90.00
90.01	09001	DIABETIC EDUCATION OP	757,115		757,115	0	757,115	90.01
90.02	09002	PAIN MANAGEMENT	2,059,745		2,059,745	0	2,059,745	90.02
91.00	09100	EMERGENCY	16,178,352		16,178,352	0	16,178,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,064,568		2,064,568		2,064,568	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	211,564,850	0	211,564,850	61,502	211,626,352	200.00
201.00		Less Observation Beds	2,064,568		2,064,568		2,064,568	201.00
202.00		Total (see instructions)	209,500,282	0	209,500,282	61,502	209,561,784	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	103,258,974		103,258,974		30.00
31.00	03100	INTENSIVE CARE UNIT	21,274,328		21,274,328		31.00
43.00	04300	NURSERY	2,633,059		2,633,059		43.00
44.00	04400	SKILLED NURSING FACILITY	7,355,223		7,355,223		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,044,489	65,976,879	107,021,368	0.215599	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,620,894	325,876	1,946,770	1.589098	52.00
53.00	05300	ANESTHESIOLOGY	11,319,098	10,156,059	21,475,157	0.009570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,882,119	40,830,621	50,712,740	0.120991	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	19,049,645	61,259,510	80,309,155	0.025991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,337,628	15,473,744	18,811,372	0.064677	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,902,323	10,340,661	21,242,984	0.167840	59.00
60.00	06000	LABORATORY	59,627,297	79,205,865	138,833,162	0.096668	60.00
65.00	06500	RESPIRATORY THERAPY	33,774,121	8,947,398	42,721,519	0.100778	65.00
66.00	06600	PHYSICAL THERAPY	21,374,524	21,015,105	42,389,629	0.220045	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,889,911	2,248,655	13,138,566	0.184327	67.00
68.00	06800	SPEECH PATHOLOGY	2,263,630	805,369	3,068,999	0.442784	68.00
69.00	06900	ELECTROCARDIOLOGY	21,961,659	34,101,713	56,063,372	0.057358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,312	11,631,572	11,657,884	0.142087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,831,816	8,431,935	17,263,751	0.500489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,094,986	11,398,954	31,493,940	0.613673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,599,385	46,653,198	113,252,583	0.140781	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,751,810	1,751,810	0.489129	90.00
90.01	09001	DIABETIC EDUCATION OP	0	227,665	227,665	3.325566	90.01
90.02	09002	PAIN MANAGEMENT	2,938	7,394,774	7,397,712	0.278430	90.02
91.00	09100	EMERGENCY	15,405,352	60,545,960	75,951,312	0.213010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	728,278	3,657,617	4,385,895	0.470729	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	493,257,989	502,380,940	995,638,929		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	493,257,989	502,380,940	995,638,929		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.216142			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098			52.00
53.00	05300	ANESTHESIOLOGY	0.009570			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121043			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.02	05602	MISC NURSING OP	0.000000			56.02
57.00	05700	CT SCAN	0.025991			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840			59.00
60.00	06000	LABORATORY	0.096670			60.00
65.00	06500	RESPIRATORY THERAPY	0.100778			65.00
66.00	06600	PHYSICAL THERAPY	0.220045			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327			67.00
68.00	06800	SPEECH PATHOLOGY	0.442784			68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781			73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.489129			90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566			90.01
90.02	09002	PAIN MANAGEMENT	0.278430			90.02
91.00	09100	EMERGENCY	0.213010			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,199,111		50,199,111	0	50,199,111	30.00
31.00	03100	INTENSIVE CARE UNIT	7,823,873		7,823,873	0	7,823,873	31.00
43.00	04300	NURSERY	1,033,315		1,033,315	0	1,033,315	43.00
44.00	04400	SKILLED NURSING FACILITY	11,596,343		11,596,343	443	11,596,786	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,073,663		23,073,663	58,191	23,131,854	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,093,609		3,093,609	0	3,093,609	52.00
53.00	05300	ANESTHESIOLOGY	205,519		205,519	0	205,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,135,776		6,135,776	2,622	6,138,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.02	05602	MISC NURSING OP	0		0	0	0	56.02
57.00	05700	CT SCAN	2,087,295		2,087,295	0	2,087,295	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,216,664		1,216,664	0	1,216,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,565,413		3,565,413	0	3,565,413	59.00
60.00	06000	LABORATORY	13,420,742		13,420,742	246	13,420,988	60.00
65.00	06500	RESPIRATORY THERAPY	4,305,375	0	4,305,375	0	4,305,375	65.00
66.00	06600	PHYSICAL THERAPY	9,327,634	0	9,327,634	0	9,327,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,421,787	0	2,421,787	0	2,421,787	67.00
68.00	06800	SPEECH PATHOLOGY	1,358,904	0	1,358,904	0	1,358,904	68.00
69.00	06900	ELECTROCARDIOLOGY	3,215,707		3,215,707	0	3,215,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,656,431		1,656,431	0	1,656,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,640,311		8,640,311	0	8,640,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,326,976		19,326,976	0	19,326,976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,943,761		15,943,761	0	15,943,761	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	856,861		856,861	0	856,861	90.00
90.01	09001	DIABETIC EDUCATION OP	757,115		757,115	0	757,115	90.01
90.02	09002	PAIN MANAGEMENT	2,059,745		2,059,745	0	2,059,745	90.02
91.00	09100	EMERGENCY	16,178,352		16,178,352	0	16,178,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,064,568		2,064,568		2,064,568	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	211,564,850	0	211,564,850	61,502	211,626,352	200.00
201.00		Less Observation Beds	2,064,568		2,064,568		2,064,568	201.00
202.00		Total (see instructions)	209,500,282	0	209,500,282	61,502	209,561,784	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	103,258,974		103,258,974		30.00
31.00	03100	INTENSIVE CARE UNIT	21,274,328		21,274,328		31.00
43.00	04300	NURSERY	2,633,059		2,633,059		43.00
44.00	04400	SKILLED NURSING FACILITY	7,355,223		7,355,223		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,044,489	65,976,879	107,021,368	0.215599	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,620,894	325,876	1,946,770	1.589098	52.00
53.00	05300	ANESTHESIOLOGY	11,319,098	10,156,059	21,475,157	0.009570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,882,119	40,830,621	50,712,740	0.120991	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	19,049,645	61,259,510	80,309,155	0.025991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,337,628	15,473,744	18,811,372	0.064677	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,902,323	10,340,661	21,242,984	0.167840	59.00
60.00	06000	LABORATORY	59,627,297	79,205,865	138,833,162	0.096668	60.00
65.00	06500	RESPIRATORY THERAPY	33,774,121	8,947,398	42,721,519	0.100778	65.00
66.00	06600	PHYSICAL THERAPY	21,374,524	21,015,105	42,389,629	0.220045	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,889,911	2,248,655	13,138,566	0.184327	67.00
68.00	06800	SPEECH PATHOLOGY	2,263,630	805,369	3,068,999	0.442784	68.00
69.00	06900	ELECTROCARDIOLOGY	21,961,659	34,101,713	56,063,372	0.057358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,312	11,631,572	11,657,884	0.142087	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,831,816	8,431,935	17,263,751	0.500489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,094,986	11,398,954	31,493,940	0.613673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,599,385	46,653,198	113,252,583	0.140781	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,751,810	1,751,810	0.489129	90.00
90.01	09001	DIABETIC EDUCATION OP	0	227,665	227,665	3.325566	90.01
90.02	09002	PAIN MANAGEMENT	2,938	7,394,774	7,397,712	0.278430	90.02
91.00	09100	EMERGENCY	15,405,352	60,545,960	75,951,312	0.213010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	728,278	3,657,617	4,385,895	0.470729	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	493,257,989	502,380,940	995,638,929		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	493,257,989	502,380,940	995,638,929		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/11/2020 6:55 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
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.02	05602	MISC NURSING OP	0.000000			56.02
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
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 PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/11/2020 6:55 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	2,851,608	0	2,851,608	44,666	63.84	30.00	
31.00	INTENSIVE CARE UNIT	619,887		619,887	2,204	281.26	31.00	
43.00	NURSERY	55,024		55,024	1,097	50.16	43.00	
44.00	SKILLED NURSING FACILITY	633,830		633,830	24,902	25.45	44.00	
200.00	Total (lines 30 through 199)	4,160,349		4,160,349	72,869		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	17,441	1,113,433					30.00
31.00	INTENSIVE CARE UNIT	1,359	382,232					31.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	14,487	368,694					44.00
200.00	Total (lines 30 through 199)	33,287	1,864,359					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,960,789	107,021,368	0.027665	15,193,527	420,329 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,538	1,946,770	0.183143	102,424	18,758 52.00
53.00	05300	ANESTHESIOLOGY	203,541	21,475,157	0.009478	3,929,951	37,248 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	953,206	50,712,740	0.018796	6,505,444	122,276 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0	0	0.000000	0	0 56.02
57.00	05700	CT SCAN	341,169	80,309,155	0.004248	9,702,448	41,216 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	464,267	18,811,372	0.024680	1,626,523	40,143 58.00
59.00	05900	CARDIAC CATHETERIZATION	523,927	21,242,984	0.024664	2,204,443	54,370 59.00
60.00	06000	LABORATORY	610,888	138,833,162	0.004400	26,060,584	114,667 60.00
65.00	06500	RESPIRATORY THERAPY	240,028	42,721,519	0.005618	15,687,734	88,134 65.00
66.00	06600	PHYSICAL THERAPY	606,810	42,389,629	0.014315	2,556,324	36,594 66.00
67.00	06700	OCCUPATIONAL THERAPY	106,008	13,138,566	0.008068	1,120,744	9,042 67.00
68.00	06800	SPEECH PATHOLOGY	116,062	3,068,999	0.037818	411,200	15,551 68.00
69.00	06900	ELECTROCARDIOLOGY	469,979	56,063,372	0.008383	9,151,316	76,715 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,888	11,657,884	0.009426	20,890	197 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,192	17,263,751	0.004471	3,110,757	13,908 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	171,948	31,493,940	0.005460	7,731,961	42,217 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,438	113,252,583	0.001576	26,559,138	41,857 73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	69,060	1,751,810	0.039422	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	19,245	227,665	0.084532	0	0 90.01
90.02	09002	PAIN MANAGEMENT	264,331	7,397,712	0.035731	379	14 90.02
91.00	09100	EMERGENCY	872,405	75,951,312	0.011486	6,652,414	76,410 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	117,280	4,385,895	0.026740	401,448	10,735 92.00
200.00		Total (lines 50 through 199)	9,832,999	861,117,345		138,729,649	1,260,381 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0185		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/11/2020 6:55 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	
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	44,666	0.00	17,441		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,204	0.00	1,359		31.00	
43.00	04300	NURSERY			0	1,097	0.00	0		43.00	
44.00	04400	SKILLED NURSING FACILITY			0	24,902	0.00	14,487		44.00	
200.00		Total (lines 30 through 199)			0	72,869		33,287		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
44.00	04400	SKILLED NURSING FACILITY		0						44.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
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
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/11/2020 6:55 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	107,021,368	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,946,770	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,475,157	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	50,712,740	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	80,309,155	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,811,372	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,242,984	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	138,833,162	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	42,721,519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	42,389,629	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,138,566	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,068,999	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	56,063,372	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,657,884	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,263,751	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,493,940	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	113,252,583	0.000000	73.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	1,751,810	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	227,665	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	7,397,712	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	75,951,312	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,385,895	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	861,117,345		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	15,193,527	0	17,122,192	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	102,424	0	77,375	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,929,951	0	2,461,755	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,505,444	0	13,647,828	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN	0.000000	9,702,448	0	15,337,511	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,626,523	0	4,622,298	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,204,443	0	2,292,355	0	59.00
60.00	06000	LABORATORY	0.000000	26,060,584	0	9,660,100	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	15,687,734	0	1,968,073	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,556,324	0	1,357,178	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,120,744	0	7,627	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	411,200	0	10,387	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	9,151,316	0	8,071,154	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	20,890	0	3,685,013	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,110,757	0	2,331,296	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	7,731,961	0	4,098,726	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	26,559,138	0	17,270,713	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	22,294	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.000000	379	0	2,946,113	0	90.02
91.00	09100	EMERGENCY	0.000000	6,652,414	0	9,934,365	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	401,448	0	995,761	0	92.00
200.00		Total (lines 50 through 199)		138,729,649	0	117,920,114	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/11/2020 6:55 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	0.215599	17,122,192	0	0	3,691,527	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098	77,375	0	0	122,956	52.00
53.00	05300	ANESTHESIOLOGY	0.009570	2,461,755	0	0	23,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120991	13,647,828	0	4,356	1,651,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN	0.025991	15,337,511	0	5,809	398,637	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677	4,622,298	0	1,452	298,956	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840	2,292,355	0	1,452	384,749	59.00
60.00	06000	LABORATORY	0.096668	9,660,100	0	0	933,823	60.00
65.00	06500	RESPIRATORY THERAPY	0.100778	1,968,073	0	0	198,338	65.00
66.00	06600	PHYSICAL THERAPY	0.220045	1,357,178	101	0	298,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327	7,627	0	0	1,406	67.00
68.00	06800	SPEECH PATHOLOGY	0.442784	10,387	0	0	4,599	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358	8,071,154	0	0	462,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087	3,685,013	0	0	523,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	2,331,296	0	0	1,166,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673	4,098,726	0	0	2,515,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781	17,270,713	0	132,145	2,431,388	73.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.489129	22,294	0	0	10,905	90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.278430	2,946,113	50	0	820,286	90.02
91.00	09100	EMERGENCY	0.213010	9,934,365	0	0	2,116,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	995,761	0	0	468,734	92.00
200.00		Subtotal (see instructions)		117,920,114	151	145,214	18,524,488	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		117,920,114	151	145,214	18,524,488	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/11/2020 6:55 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	527		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.02	05602	MISC NURSING OP	0	0		56.02
57.00	05700	CT SCAN	0	151		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	94		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	244		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	22	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 PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,604		73.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	14	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	36	19,620		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	36	19,620		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0185
Component CCN: 14-5102

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part IV
Date/Time Prepared:
6/11/2020 6:55 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 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0 56.02
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
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 PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0 90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0185 Component CCN: 14-5102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/11/2020 6:55 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	107,021,368	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,946,770	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	21,475,157	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	50,712,740	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP		0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	80,309,155	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	18,811,372	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	21,242,984	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	138,833,162	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	42,721,519	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	42,389,629	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	13,138,566	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,068,999	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	56,063,372	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	11,657,884	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	17,263,751	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	31,493,940	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	113,252,583	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,751,810	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP		0	0	0	227,665	0.000000	90.01
90.02	09002	PAIN MANAGEMENT		0	0	0	7,397,712	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	75,951,312	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,385,895	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	861,117,345		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0185 Component CCN: 14-5102		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/11/2020 6:55 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	470	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	277,986	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.02	05602	MISC NURSING OP		0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	8,192	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	49,955	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	2,636,848	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,920,550	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	9,507,932	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	5,166,780	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	949,954	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	25,012	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,048	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	5,639,998	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP		0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			26,184,725	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
6/11/2020 6:55 am

Title XVIII

Skilled Nursing
Facility

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	0.215599	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.589098	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.009570	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120991	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.02	05602 MISC NURSING OP	0.000000	0	0	0	0 56.02
57.00	05700 CT SCAN	0.025991	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064677	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.167840	0	0	0	0 59.00
60.00	06000 LABORATORY	0.096668	0	0	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	0.100778	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.220045	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.184327	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.442784	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.057358	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.142087	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.613673	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.140781	0	0	13,895	0 73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.489129	0	0	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	3.325566	0	0	0	0 90.01
90.02	09002 PAIN MANAGEMENT	0.278430	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.213010	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	13,895	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	13,895	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:

Worksheet D

Component CCN: 14-5102

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
6/11/2020 6:55 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description			Costs		
			Cost	Cost	
			Reimbursed	Reimbursed	
			Services Subject To Ded. & Coins. (see inst.)	Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
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
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 PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,956	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,956	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,956	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/11/2020 6:55 am

			Title XIX		Hospital		Cost	
	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	0.215599	0	613,902	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098	0	36,249	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.009570	0	94,923	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120991	0	1,025,297	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN	0.025991	0	1,673,832	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677	0	105,335	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840	0	121,392	0	0	59.00
60.00	06000	LABORATORY	0.096668	0	2,008,143	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.100778	0	88,209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.220045	0	168,352	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327	0	151,236	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.442784	0	92,585	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358	0	352,147	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087	0	19,902	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	0	65,645	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673	0	11,364	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781	0	424,523	0	0	73.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.489129	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.278430	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.213010	0	3,831,068	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	10,884,104	0	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	10,884,104	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/11/2020 6:55 am

			Title XIX		Hospital	Cost
	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	132,357	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,603	0		52.00
53.00	05300	ANESTHESIOLOGY	908	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,052	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.02	05602	MISC NURSING OP	0	0		56.02
57.00	05700	CT SCAN	43,505	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,813	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	20,374	0		59.00
60.00	06000	LABORATORY	194,123	0		60.00
65.00	06500	RESPIRATORY THERAPY	8,890	0		65.00
66.00	06600	PHYSICAL THERAPY	37,045	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	27,877	0		67.00
68.00	06800	SPEECH PATHOLOGY	40,995	0		68.00
69.00	06900	ELECTROCARDIOLOGY	20,198	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,828	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,855	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,974	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,765	0		73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	816,056	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	1,633,218	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,633,218	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/11/2020 6:55 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)			44,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			44,666	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.			8,635	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			34,194	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)			17,441	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)			50,199,111	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)			50,199,111	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			105,634,206	28.00
29.00	Private room charges (excluding swing-bed charges)			21,535,500	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			84,098,706	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.475216	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,493.98	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,459.46	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			34.52	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			16.40	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			141,614	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			50,057,497	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,123.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			19,601,591	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)			19,601,591	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/11/2020 6:55 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,823,873	2,204	3,549.85	1,359	4,824,246	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)					22,225,352	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,651,189	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)					1,495,665	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,260,381	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,756,046	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,895,143	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)					1,837	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,064,568	89.00

6/11/2020 6:55 am

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/11/2020 6:55 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	2,851,608	50,199,111	0.056806	2,064,568	117,280	90.00
91.00 Nursing School cost	0	50,199,111	0.000000	2,064,568	0	91.00
92.00 Allied health cost	0	50,199,111	0.000000	2,064,568	0	92.00
93.00 All other Medical Education	0	50,199,111	0.000000	2,064,568	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Component CCN: 14-5102		Date/Time Prepared: 6/11/2020 6:55 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)		24,902	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,902	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.		1,518	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		23,384	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)		14,487	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,596,786	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,596,786	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,355,145	28.00
29.00	Private room charges (excluding swing-bed charges)		473,376	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,881,769	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.576690	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		311.84	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		294.29	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		17.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		27.67	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		42,003	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,554,783	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

6/11/2020 6:55 am

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1		
				Component CCN: 14-5102		Date/Time Prepared: 6/11/2020 6:55 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)							
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							
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)						11,554,783	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						464.01	71.00
72.00	Program routine service cost (line 9 x line 71)						6,722,113	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)						6,722,113	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)						6,722,113	83.00
84.00	Program inpatient ancillary services (see instructions)						4,746,410	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)						11,468,523	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

6/11/2020 6:55 am

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:

Worksheet D-1

Component CCN: 14-5102

From 01/01/2019
To 12/31/2019Date/Time Prepared:
6/11/2020 6:55 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: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/11/2020 6:55 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)	44,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	44,666	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.	8,635	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	34,194	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)	1,121	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)	1,097	15.00
16.00	Nursery days (title V or XIX only)	1,018	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)	50,199,111	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)	50,199,111	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	105,634,206	28.00
29.00	Private room charges (excluding swing-bed charges)	21,535,500	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	84,098,706	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.475216	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,493.98	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,459.46	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	34.52	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	16.40	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	141,614	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	50,057,497	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,120.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,256,316	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)	1,256,316	41.00

6/11/2020 6:55 am

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/11/2020 6:55 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)	1,033,315	1,097	941.95	1,018	958,905	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,823,873	2,204	3,549.85	647	2,296,753	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)					1,249,901	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,761,875	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)					1,837	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,064,568	89.00

6/11/2020 6:55 am

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
6/11/2020 6:55 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	2,851,608	50,199,111	0.056806	2,064,568	117,280
91.00	Nursing School cost	0	50,199,111	0.000000	2,064,568	0
92.00	Allied health cost	0	50,199,111	0.000000	2,064,568	0
93.00	All other Medical Education	0	50,199,111	0.000000	2,064,568	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/11/2020 6:55 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		44,686,743		30.00
31.00	03100	INTENSIVE CARE UNIT		8,876,192		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.216142	15,193,527	3,283,959	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098	102,424	162,762	52.00
53.00	05300	ANESTHESIOLOGY	0.009570	3,929,951	37,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121043	6,505,444	787,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	56.02
57.00	05700	CT SCAN	0.025991	9,702,448	252,176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677	1,626,523	105,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840	2,204,443	369,994	59.00
60.00	06000	LABORATORY	0.096670	26,060,584	2,519,277	60.00
65.00	06500	RESPIRATORY THERAPY	0.100778	15,687,734	1,580,978	65.00
66.00	06600	PHYSICAL THERAPY	0.220045	2,556,324	562,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327	1,120,744	206,583	67.00
68.00	06800	SPEECH PATHOLOGY	0.442784	411,200	182,073	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358	9,151,316	524,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087	20,890	2,968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	3,110,757	1,556,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673	7,731,961	4,744,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781	26,559,138	3,739,022	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.489129	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.278430	379	106	90.02
91.00	09100	EMERGENCY	0.213010	6,652,414	1,417,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	401,448	188,973	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,729,649	22,225,352	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)		138,729,649		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/11/2020 6:55 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		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216142	470	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098	0	52.00
53.00	05300	ANESTHESIOLOGY	0.009570	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.121043	277,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	56.02
57.00	05700	CT SCAN	0.025991	8,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677	49,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840	0	59.00
60.00	06000	LABORATORY	0.096670	2,636,848	60.00
65.00	06500	RESPIRATORY THERAPY	0.100778	1,920,550	65.00
66.00	06600	PHYSICAL THERAPY	0.220045	9,507,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327	5,166,780	67.00
68.00	06800	SPEECH PATHOLOGY	0.442784	949,954	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358	25,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087	1,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781	5,639,998	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.489129	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566	0	90.01
90.02	09002	PAIN MANAGEMENT	0.278430	0	90.02
91.00	09100	EMERGENCY	0.213010	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,184,725	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)		26,184,725	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/11/2020 6:55 am	
Cost Center Description			Title XIX	Hospital	Cost	
			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		2,365,755		30.00
31.00	03100	INTENSIVE CARE UNIT		490,004		31.00
43.00	04300	NURSERY		787,158		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.215599	802,565	173,032	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.589098	212,379	337,491	52.00
53.00	05300	ANESTHESIOLOGY	0.009570	412,051	3,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120991	263,668	31,901	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602	MISC NURSING OP	0.000000	0	0	56.02
57.00	05700	CT SCAN	0.025991	720,507	18,727	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064677	85,940	5,558	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.167840	245,011	41,123	59.00
60.00	06000	LABORATORY	0.096668	1,540,737	148,940	60.00
65.00	06500	RESPIRATORY THERAPY	0.100778	576,564	58,105	65.00
66.00	06600	PHYSICAL THERAPY	0.220045	49,022	10,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184327	22,700	4,184	67.00
68.00	06800	SPEECH PATHOLOGY	0.442784	8,410	3,724	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057358	513,815	29,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142087	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.500489	132,851	66,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.613673	4,118	2,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140781	1,693,084	238,354	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.489129	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	3.325566	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.278430	0	0	90.02
91.00	09100	EMERGENCY	0.213010	354,648	75,544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.470729	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,638,070	1,249,901	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)		7,638,070		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
6/11/2020 6:55 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)			26,700,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,346,165	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			803,277	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			154,644	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			216.97	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.24	31.00
32.00	Sum of lines 30 and 31			25.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.27	33.00
34.00	Disproportionate share adjustment (see instructions)			925,492	34.00

6/11/2020 6:55 am

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
6/11/2020 6:55 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)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000236170	0.000143729	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,953,803	1,200,219	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,461,337	301,694	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,763,031		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,692,840		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)			39,692,840	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,110,338	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,803,178	59.00
60.00	Primary payer payments			15,247	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,787,931	61.00
62.00	Deductibles billed to program beneficiaries			3,634,100	62.00
63.00	Coinurance billed to program beneficiaries			178,941	63.00
64.00	Allowable bad debts (see instructions)			1,215,043	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			789,778	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			811,911	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,764,668	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)			235,001	70.93
70.94	HRR adjustment amount (see instructions)			-192,916	70.94
70.95	Recovery of accelerated depreciation			0	70.95

6/11/2020 6:55 am

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
6/11/2020 6:55 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		321,625	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,485,128	71.00	
71.01	Sequestration adjustment (see instructions)		789,703	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		38,165,338	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)		530,087	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,489,912	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	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	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/11/2020 6:55 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	26,700,231	0	26,700,231		26,700,231
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,346,165	0		36,046,396	36,046,396
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					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	803,277	0	803,277		803,277
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	154,644	0		957,921	957,921
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1027	0.1027	0.1027	0.1027	
11.00	Disproportionate share adjustment (see instructions)	34.00	925,492	0	685,529	239,963	925,492
11.01	Uncompensated care payments	36.00	1,763,031	0	1,461,338	301,695	1,763,033
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	39,692,840	0	29,650,375	10,042,465	39,692,840
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	39,692,840	0	29,650,375	10,042,465	39,692,840
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,110,338	0	2,324,004	786,334	3,110,338

6/11/2020 6:55 am

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/11/2020 6:55 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
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	31,974,379	10,828,799	42,803,178
		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	2,898,499	0	2,157,303	741,196	2,898,499
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	57,929	0	52,149	5,780	57,929
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0531	0.0531	0.0531	0.0531	
25.00	Disproportionate share adjustment (see instructions)	11.00	153,910	0	114,552	39,358	153,910
26.00	Total prospective capital payments (see instructions)	12.00	3,110,338	0	2,324,004	786,334	3,110,338
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/11/2020 6:55 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	26,700,231	26,700,231		26,700,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,346,165		9,346,165	9,346,165	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					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	803,277	803,277		803,277	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	154,644		154,644	154,644	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1027	0.1027	0.1027		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	925,492	685,529	239,963	925,492	11.00
11.01	Uncompensated care payments	36.00	1,763,031	1,461,337	301,694	1,763,031	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	39,692,840	29,650,374	10,042,466	39,692,840	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	39,692,840	29,650,374	10,042,466	39,692,840	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,110,338	2,324,004	786,334	3,110,338	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			31,974,378	10,828,800	42,803,178	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/11/2020 6:55 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	2,898,499	2,157,303	741,196	2,898,499	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	57,929	52,149	5,780	57,929	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0531	0.0531	0.0531		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,910	114,552	39,358	153,910	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,110,338	2,324,004	786,334	3,110,338	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	235,001	188,089	46,912	235,001	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	-192,916	0	-192,916	-192,916	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		321,625	0	321,625	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/11/2020 6:55 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,656	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,524,488	2.00
3.00	OPPS payments		16,797,926	3.00
4.00	Outlier payment (see instructions)		70,916	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,656	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		145,365	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)		145,365	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)		145,365	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		125,709	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)		19,656	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)		16,868,842	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		30	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,289,170	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)		13,599,298	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)		13,599,298	30.00
31.00	Primary payer payments		18,754	31.00
32.00	Subtotal (line 30 minus line 31)		13,580,544	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)		531,186	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		345,271	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		377,397	36.00
37.00	Subtotal (see instructions)		13,925,815	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9	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)		13,925,824	40.00
40.01	Sequestration adjustment (see instructions)		278,516	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		13,561,513	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		85,795	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: 14-0185 Component CCN: 14-5102	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/11/2020 6:55 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,956	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)		1,956	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,895	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)		13,895	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)		13,895	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,939	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)		1,956	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)		1,956	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)		1,956	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,956	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)		1,956	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)		1,956	40.00
40.01	Sequestration adjustment (see instructions)		39	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,723	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-806	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

6/11/2020 6:55 am

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/11/2020 6:55 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		38,325,828		13,653,247	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/21/2019	160,490	08/21/2019	91,734	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)		-160,490		-91,734	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)		38,165,338		13,561,513	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		530,087		85,795	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		38,695,425		13,647,308	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: 14-0185

Period:

Worksheet E-1

Component CCN: 14-5102

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
6/11/2020 6:55 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		6,166,119		2,723	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,166,119		2,723	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		35,171		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		806	6.02
7.00	Total Medicare program liability (see instructions)		6,201,290		1,917	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: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
6/11/2020 6:55 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VI Date/Time Prepared: 6/11/2020 6:55 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)		7,247,952	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		7,247,952	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		955,994	7.00
8.00	Allowable bad debts (see instructions)		55,214	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		35,889	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)		6,327,847	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)		6,327,847	15.00
15.01	Sequestration adjustment (see instructions)		126,557	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		6,166,119	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)		35,171	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

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

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
6/11/2020 6:55 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	133,724	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	42,782,885	0	0	0	4.00
5.00 Other receivable	716,810	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-14,305,931	0	0	0	6.00
7.00 Inventory	3,203,745	0	0	0	7.00
8.00 Prepaid expenses	727,699	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	33,258,932	0	0	0	11.00
FIXED ASSETS					
12.00 Land	1,930,000	0	0	0	12.00
13.00 Land improvements	2,444,614	0	0	0	13.00
14.00 Accumulated depreciation	-862,630	0	0	0	14.00
15.00 Buildings	34,462,381	0	0	0	15.00
16.00 Accumulated depreciation	-6,137,577	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	11,696,690	0	0	0	19.00
20.00 Accumulated depreciation	-6,346,341	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	43,915,469	0	0	0	23.00
24.00 Accumulated depreciation	-28,692,479	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)	52,410,127	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,214,724	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	22,881,891	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	24,096,615	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	109,765,674	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	2,373,995	0	0	0	37.00
38.00 Salaries, wages, and fees payable	10,661,394	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	747,411	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	11,034,243	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	24,817,043	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	1,533,685	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	8,255,504	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	9,789,189	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	34,606,232	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	75,159,442				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	75,159,442	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	109,765,674	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/11/2020 6:55 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		28,133,801		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-19,564,228				2.00
3.00	Total (sum of line 1 and line 2)		8,569,573		0		3.00
4.00	INCREASE IN NET ASSETS LESS CY INCOM	66,430,739		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		66,430,739		0		10.00
11.00	Subtotal (line 3 plus line 10)		75,000,312		0		11.00
12.00	UNRESTRICTED NET ASSETS	-159,130		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-159,130		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		75,159,442		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	INCREASE IN NET ASSETS LESS CY INCOM		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	UNRESTRICTED NET ASSETS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/11/2020 6:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	106,619,934		106,619,934	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,355,145		7,355,145	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)	113,975,079		113,975,079	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,274,328		21,274,328	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)	21,274,328		21,274,328	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	135,249,407		135,249,407	17.00
18.00	Ancillary services	350,767,244	424,621,335	775,388,579	18.00
19.00	Outpatient services	15,463,927	70,050,650	85,514,577	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER OUTPATIENT SERVICES	0	142,066	142,066	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	501,480,578	494,814,051	996,294,629	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		229,589,310		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		229,589,310		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/11/2020 6:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	996,294,629	1.00
2.00	Less contractual allowances and discounts on patients' accounts	771,368,077	2.00
3.00	Net patient revenues (line 1 minus line 2)	224,926,552	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	229,589,310	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,662,758	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	849,968	6.00
7.00	Income from investments	2,075	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	1,493,348	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	-137,165	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,249,054	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID HIT	0	24.00
24.01	MEDICARE HIT	252,140	24.01
24.02	BJC ACO SHARED SAVINGS	-199,133	24.02
24.03	BJC OTHER OPERATING REVENUE	211,979	24.03
24.04	MISC OTHER OPERATING REVENUE	-233,599	24.04
25.00	Total other income (sum of lines 6-24)	3,488,667	25.00
26.00	Total (line 5 plus line 25)	-1,174,091	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	18,171,519	27.00
27.01	PHYSICIAN OFFICE BUILDING	218,618	27.01
27.02	BJC ACO OPERATION	0	27.02
27.03	EXTRAORDINARY ITEM	0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	18,390,137	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-19,564,228	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0185

Period:
From 01/01/2019
To 12/31/2019Worksheet L
Parts I-III
Date/Time Prepared:
6/11/2020 6:55 am

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,898,499	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		57,929	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)		123.73	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.24	8.00
9.00	Sum of lines 7 and 8		25.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.31	10.00
11.00	Disproportionate share adjustment (see instructions)		153,910	11.00
12.00	Total prospective capital payments (see instructions)		3,110,338	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