

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0187

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

Worksheet S
Parts I-III
Date/Time Prepared:
11/27/2019 9:58 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/27/2019	Time: 9:58 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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	number of times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

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 ST. ELIZABETH HOSPITAL (14-0187) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

PRESIDENT & CEO

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	-56,811	124,275	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	6,880	51		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-49,931	124,326	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: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 9:58 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1 SAINT ELIZABETH BLVD			PO Box:				1.00	
2.00	City: OFALLON			State: IL		Zip Code: 62269		County: ST. CLAIR	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF			REHABILITATION	14T187	41180	5	07/01/1987	N
6.00	Subprovider - (Other)							P	O
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTG								
12.00	Hospital-Based HHA			BELLEVILLE HHA	147506	41180	11/01/1991	N	N
13.00	Separately Certified ASC							N	N
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							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.			1,095	480	0	64	4,176	195

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 9:58 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	29	0	0	447			25.00
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	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.					Y			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.					N			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)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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

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From 07/01/2018
To 06/30/2019Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	15.05	0.000000
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			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	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

MCRIF32 - 15.9.167.1

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		1.00		2.00			
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				140.00	
		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: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 06101		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State:		Zip Code: 62707		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
		Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
		Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2018		06/30/2019		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 9:58 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/27/2019 9:58 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)	N			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	10/23/2019	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/01/2019	Y	10/01/2019
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	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/27/2019 9:58 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/27/2019 9:58 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.	BKD LLP		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: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		128	46,720	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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)		144				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 9:58 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)	13,375	769	29,180		1.00
2.00	HMO and other (see instructions)	6,385	4,695			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	742	476			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)	13,375	769	29,180		7.00
8.00	INTENSIVE CARE UNIT	2,763	133	5,901		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		218	1,957		13.00
14.00	Total (see instructions)	16,138	1,120	37,038	15.05	992.84
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF	2,257	0	4,732	0.00	21.24
18.00	SUBPROVIDER					16.00
19.00	SKILLED NURSING FACILITY					17.00
20.00	NURSING FACILITY					18.00
21.00	OTHER LONG TERM CARE					19.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					20.00
24.00	HOSPICE					21.00
24.10	HOSPICE (non-distinct part)			203		22.00
25.00	CMHC - CMHC					23.00
26.00	RURAL HEALTH CLINIC					24.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				15.05	1,014.08
28.00	Observation Bed Days		125	3,345		26.25
29.00	Ambulance Trips	0				27.00
30.00	Employee discount days (see instruction)			276		28.00
31.00	Employee discount days - IRF			39		29.00
32.00	Labor & delivery days (see instructions)	0	195	413		30.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		31.00
33.00	LTCH non-covered days	0				32.00
33.01	LTCH site neutral days and discharges	0				32.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 9:58 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	3,443	263	9,930	1.00
2.00 HMO and other (see instructions)			1,311	1,604		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				44		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	3,443	263	9,930	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	212	0	441	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 9:58 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	63,776,866	0	63,776,866	2,109,289.93	30.24 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		318,398	0	318,398	1,880.00	169.36 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		1,845,195	0	1,845,195	31,299.38	58.95 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		1,797,376	95,368	1,892,744	55,828.20	33.90 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,159,487	0	7,159,487	160,256.60	44.68 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		630,282	0	630,282	3,973.15	158.64 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		6,798,947	0	6,798,947	139,906.80	48.60 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,985,125	0	26,985,125		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		788,801	0	788,801		
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		89,671	0	89,671		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,689,761	0	2,689,761		
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		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 9:58 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,925,733	-96,152	9,829,581	322,779.17	27.00
28.00	Administrative & General under contract (see inst.)		1,379,143	0	1,379,143	19,206.14	28.00
29.00	Maintenance & Repairs	6.00	288,958	0	288,958	9,161.25	29.00
30.00	Operation of Plant	7.00	1,282,462	0	1,282,462	52,142.96	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,130,541	0	1,130,541	106,993.47	32.00
33.00	Housekeeping under contract (see instructions)		508,321	0	508,321	4,604.00	33.00
34.00	Dietary	10.00	1,104,784	-641,171	463,613	28,616.23	34.00
35.00	Dietary under contract (see instructions)		329,325	0	329,325	6,568.64	35.00
36.00	Cafeteria	11.00	0	641,171	641,171	46,452.91	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,388,107	0	1,388,107	31,197.75	38.00
39.00	Central Services and Supply	14.00	524,390	0	524,390	28,438.05	39.00
40.00	Pharmacy	15.00	2,072,599	0	2,072,599	54,786.58	40.00
41.00	Medical Records & Medical Records Library	16.00	941,362	0	941,362	41,666.58	41.00
42.00	Social Service	17.00	1,553,062	0	1,553,062	42,153.05	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/27/2019 9:58 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	64,148,460	0	64,148,460	2,108,369.33	30.43	1.00
2.00	Excluded area salaries (see instructions)	1,797,376	95,368	1,892,744	55,828.20	33.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,351,084	-95,368	62,255,716	2,052,541.13	30.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,588,716	0	14,588,716	304,136.55	47.97	4.00
5.00	Subtotal wage-related costs (see inst.)	29,764,557	0	29,764,557	0.00	47.81	5.00
6.00	Total (sum of lines 3 thru 5)	106,704,357	-95,368	106,608,989	2,356,677.68	45.24	6.00
7.00	Total overhead cost (see instructions)	22,428,787	-96,152	22,332,635	794,766.78	28.10	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/27/2019 9:58 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	515,261	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)	8,989,608	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	11,939,475	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	85,784	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	902,625	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	5,182,248	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	67,789	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))	11,492	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	169,426	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,863,708	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/27/2019 9:58 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	7,159,487	27,863,708	1.00
2.00	Hospital	7,159,487	27,275,374	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	588,334	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/27/2019 9:58 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)			0.245617 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	2,468,371		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	23,254,038		6.00
7.00	Medicaid cost (line 1 times line 6)	5,711,587		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)	3,243,216		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,243,216		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)	13,093,853	1,432,662	14,526,515 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,216,073	1,432,662	4,648,735 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)	3,216,073	1,432,662	4,648,735 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,039,062		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	761,331		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,171,278		27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,867,784		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,114,324		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,763,059		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	9,006,275		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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	12,342,924	12,342,924	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	8,103,893	8,103,893	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,062,725	-911	15,061,814	4.00
5.01	00540	NONPATIENT TELEPHONES	209,724	73,242	-70,229	212,737	5.01
5.02	00550	DATA PROCESSING	6,642	14,444,778	-1,795,333	12,656,087	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	14,580	-6,355	8,225	5.03
5.04	00570	ADMITTING	1,048,980	34,824	-21,162	1,062,642	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,043,699	2,626,315	0	3,670,014	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	7,616,688	37,760,577	-3,379,101	41,998,164	5.06
6.00	00600	MAINTENANCE & REPAIRS	288,958	2,630,715	-39,852	2,879,821	6.00
7.00	00700	OPERATION OF PLANT	1,282,462	10,293,668	-8,113,326	3,462,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	635,178	0	635,178	8.00
9.00	00900	HOUSEKEEPING	1,130,541	599,014	-23,325	1,706,230	9.00
10.00	01000	DIETARY	1,104,784	572,130	-1,024,697	652,217	10.00
11.00	01100	CAFETERIA	0	0	999,669	999,669	11.00
13.00	01300	NURSING ADMINISTRATION	1,388,107	89,645	-38,852	1,438,900	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	524,390	345,972	-190,889	679,473	14.00
15.00	01500	PHARMACY	2,072,599	9,741,536	-9,607,645	2,206,490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	941,362	682,551	0	1,623,913	16.00
17.00	01700	SOCIAL SERVICE	1,553,062	371,312	-12,972	1,911,402	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,497,071	1,497,071	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	389,593	389,593	22.00
23.00	02300	PARAMED ED PRGM	364,988	8,837	-19	373,806	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,048,751	1,896,627	-1,304,035	13,641,343	30.00
31.00	03100	INTENSIVE CARE UNIT	4,363,553	850,524	-523,437	4,690,640	31.00
41.00	04100	SUBPROVIDER - IRF	1,422,663	680,444	-114,337	1,988,770	41.00
43.00	04300	NURSERY	513,473	1,201,855	-34,998	1,680,330	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,428,747	11,478,286	-9,414,416	7,492,617	50.00
51.00	05100	RECOVERY ROOM	655,314	39,879	-29,655	665,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,375,331	67,484	-32,327	1,410,488	52.00
53.00	05300	ANESTHESIOLOGY	70,013	392,120	-341,003	121,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,316,372	810,123	-568,269	2,558,226	54.00
56.00	05600	RADIOISOTOPE	266,539	434,622	-425,296	275,865	56.00
57.00	05700	CT SCAN	544,837	315,098	-237,671	622,264	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,087,107	11,727,074	-11,428,645	2,385,536	59.00
60.00	06000	LABORATORY	2,770,897	4,365,127	-2,373,952	4,762,072	60.00
64.00	06400	INTRAVENOUS THERAPY	153,257	517,359	-156,028	514,588	64.00
65.00	06500	RESPIRATORY THERAPY	1,077,283	360,956	-357,534	1,080,705	65.00
66.00	06600	PHYSICAL THERAPY	780,891	3,418,875	-352,498	3,847,268	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	245,494	235,203	480,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	228,236	-12,174	216,062	68.00
69.00	06900	ELECTROCARDIOLOGY	806,033	385,687	-69,415	1,122,305	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,563,313	18,563,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,193,100	8,193,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,257,674	9,257,674	73.00
74.00	07400	RENAL DIALYSIS	62	678,993	-12,007	667,048	74.00
76.00	03952	PAIN MANAGEMENT	426,871	153,625	-136,419	444,077	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	251,991	80,693	-47,648	285,036	76.03
76.04	03650	VASCULAR LAB	281,369	27,049	-23,885	284,533	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	282,166	23,887,096	-2,166,872	22,002,390	90.00
91.00	09100	EMERGENCY	3,620,543	2,142,091	-679,384	5,083,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OTHER OP	646,092	41,678	273,652	961,422	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,767,141	162,414,694	4,689,519	230,871,354	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,802	-1,336	466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,725	5,833,134	-4,867,046	975,813	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	178,863	178,863	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	63,776,866	168,249,630	0	232,026,496	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	951,838	13,294,762	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,342,036	11,445,929	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,126,398	8,935,416	4.00
5.01	00540	NONPATIENT TELEPHONES	0	212,737	5.01
5.02	00550	DATA PROCESSING	1,423,796	14,079,883	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	8,225	5.03
5.04	00570	ADMITTING	0	1,062,642	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-24,611	3,645,403	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-21,303,394	20,694,770	5.06
6.00	00600	MAINTENANCE & REPAIRS	-35,284	2,844,537	6.00
7.00	00700	OPERATION OF PLANT	14,169	3,476,973	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-19,209	615,969	8.00
9.00	00900	HOUSEKEEPING	0	1,706,230	9.00
10.00	01000	DIETARY	-45	652,172	10.00
11.00	01100	CAFETERIA	0	999,669	11.00
13.00	01300	NURSING ADMINISTRATION	-1,325	1,437,575	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,490	677,983	14.00
15.00	01500	PHARMACY	0	2,206,490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-57,844	1,566,069	16.00
17.00	01700	SOCIAL SERVICE	0	1,911,402	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,497,071	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-1,500	388,093	22.00
23.00	02300	PARAMED ED PRGM	0	373,806	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,183	13,638,160	30.00
31.00	03100	INTENSIVE CARE UNIT	677	4,691,317	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,988,770	41.00
43.00	04300	NURSERY	0	1,680,330	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-12,086	7,480,531	50.00
51.00	05100	RECOVERY ROOM	0	665,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,410,488	52.00
53.00	05300	ANESTHESIOLOGY	0	121,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,500	2,562,726	54.00
56.00	05600	RADIOISOTOPE	0	275,865	56.00
57.00	05700	CT SCAN	0	622,264	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,385,536	59.00
60.00	06000	LABORATORY	-38,270	4,723,802	60.00
64.00	06400	INTRAVENOUS THERAPY	0	514,588	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,080,705	65.00
66.00	06600	PHYSICAL THERAPY	-1,329	3,845,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	480,697	67.00
68.00	06800	SPEECH PATHOLOGY	-250	215,812	68.00
69.00	06900	ELECTROCARDIOLOGY	-136,361	985,944	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,563,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,193,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,257,674	73.00
74.00	07400	RENAL DIALYSIS	0	667,048	74.00
76.00	03952	PAIN MANAGEMENT	0	444,077	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	76.02
76.03	03950	SLEEP LAB	12,084	297,120	76.03
76.04	03650	VASCULAR LAB	-64	284,469	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-92,513	21,909,877	90.00
91.00	09100	EMERGENCY	-1,111,780	3,971,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	OTHER OP	0	961,422	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,217,836	207,653,518	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	975,813	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	178,863	193.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,217,836	208,808,660	200.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 9:58 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES & IMPLANTS					
1.00	OPERATION OF PLANT	7.00	0	11,793		1.00
2.00	PHARMACY	15.00	0	141,883		2.00
3.00	SOCIAL SERVICE	17.00	0	344		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,563,313		4.00
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,193,100		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
			0	26,910,433		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,257,674		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
			0	9,257,674		
	C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	104,115	74,748		1.00
			104,115	74,748		
	D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,477,260		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	966,538		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

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 9:58 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	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
0			0	4,443,798		
E - DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,865,664		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,137,355		2.00
3.00	HOUSEKEEPING	9.00	0	15,747		3.00
4.00	ANESTHESIOLOGY	53.00	0	25,615		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	83,227		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
0			0	16,127,608		
F - CAFETERIA						
1.00	CAFETERIA	11.00	641,171	358,498		1.00
0			641,171	358,498		

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/27/2019 9:58 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - THERAPY RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	0	237,879	1.00
2.00		0.00	0	0	2.00
	0		0	237,879	
H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,497,071	1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	348,124	2.00
	0		0	1,845,195	
J - URGENT CARE/PT RECLASS					
1.00	PHYSICAL THERAPY	66.00	108	48,282	1.00
2.00	OTHER OP	93.00	676	303,792	2.00
	TOTALS		784	352,074	
K - SLEEP LAB RECLASS					
1.00	SLEEP LAB	76.03	0	23,345	1.00
			0	23,345	
L - NEW FACILITY/ADMIN RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	7,963	18,825	1.00
2.00	DATA PROCESSING	5.02	0	4,042	2.00
3.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	41,469	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,698	4.00
5.00	LABORATORY	60.00	0	19,197	5.00
6.00	INTRAVENOUS THERAPY	64.00	0	4,222	6.00
7.00	PHYSICAL THERAPY	66.00	0	22,015	7.00
8.00	PAIN MANAGEMENT	76.00	0	6,308	8.00
9.00	CLINIC	90.00	0	8,828	9.00
	TOTALS		7,963	132,604	
500.00	Grand Total: Increases		754,033	59,763,856	500.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 9:58 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SUPPLIES & IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	81	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	6,085	0		2.00
3.00	ADMITTING	5.04	0	5,316	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	8,172	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	12,670	0		5.00
6.00	HOUSEKEEPING	9.00	0	35,360	0		6.00
7.00	DIETARY	10.00	0	1,523	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	859	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,049	0		9.00
10.00	PARAMED ED PRGM	23.00	0	19	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	976,657	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	461,360	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	67,836	0		13.00
14.00	NURSERY	43.00	0	34,998	0		14.00
15.00	OPERATING ROOM	50.00	0	8,618,242	0		15.00
16.00	RECOVERY ROOM	51.00	0	17,947	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,322	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	366,614	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	278,577	0		19.00
20.00	RADIOISOTOPE	56.00	0	409,402	0		20.00
21.00	CT SCAN	57.00	0	185,339	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	11,503,012	0		22.00
23.00	LABORATORY	60.00	0	2,151,458	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	155,186	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	295,431	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	75,478	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,547	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	955	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	59,130	0		29.00
30.00	RENAL DIALYSIS	74.00	0	8,298	0		30.00
31.00	PAIN MANAGEMENT	76.00	0	131,916	0		31.00
32.00	SLEEP LAB	76.03	0	23,164	0		32.00
33.00	VASCULAR LAB	76.04	0	2,372	0		33.00
34.00	CLINIC	90.00	0	271,401	0		34.00
35.00	EMERGENCY	91.00	0	563,573	0		35.00
36.00	OTHER OP	93.00	0	30,084	0		36.00
	0		0	26,910,433			
	B - DRUGS CHARGED TO PATIENTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	830	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	5,896	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	2	0		3.00
4.00	DIETARY	10.00	0	15,191	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	509	0		5.00
6.00	PHARMACY	15.00	0	9,189,521	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,679	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	14	0		8.00
9.00	OPERATING ROOM	50.00	0	682	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	4	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259	0		12.00
13.00	RADIOISOTOPE	56.00	0	5	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	150	0		14.00
15.00	LABORATORY	60.00	0	28	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	970	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	85	0		17.00
18.00	RENAL DIALYSIS	74.00	0	3,176	0		18.00
19.00	CLINIC	90.00	0	36,008	0		19.00
20.00	EMERGENCY	91.00	0	1,636	0		20.00
21.00	OTHER OP	93.00	0	24	0		21.00
	0		0	9,257,674			
	C - COMMUNITY RELATIONS						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	104,115	74,748	0		1.00
	0		104,115	74,748			
	D - RENT EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	0	109	10		1.00
2.00	DATA PROCESSING	5.02	0	8,389	10		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	270	0		3.00
4.00	ADMITTING	5.04	0	3,491	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 9:58 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	71,229	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	1,513	0		6.00
7.00	OPERATION OF PLANT	7.00	0	12,163	0		7.00
8.00	HOUSEKEEPING	9.00	0	3,712	0		8.00
9.00	DIETARY	10.00	0	1,039	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	7,573	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,879	0		11.00
12.00	PHARMACY	15.00	0	540,416	0		12.00
13.00	SOCIAL SERVICE	17.00	0	132	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	75,287	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	18,403	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	18,191	0		16.00
17.00	OPERATING ROOM	50.00	0	74,846	0		17.00
18.00	RECOVERY ROOM	51.00	0	60	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,347	0		19.00
20.00	RADIOISOTOPE	56.00	0	30	0		20.00
21.00	CT SCAN	57.00	0	105	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	8,710	0		22.00
23.00	LABORATORY	60.00	0	19,613	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	1,803	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	8,587	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	75,773	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,150	0		27.00
28.00	RENAL DIALYSIS	74.00	0	330	0		28.00
29.00	PAIN MANAGEMENT	76.00	0	1,803	0		29.00
30.00	SLEEP LAB	76.03	0	5,769	0		30.00
31.00	VASCULAR LAB	76.04	0	1,992	0		31.00
32.00	CLINIC	90.00	0	9,939	0		32.00
33.00	EMERGENCY	91.00	0	5,448	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,440,697	0		34.00
	0		0	4,443,798			
E - DEPRECIATION EXPENSE							
1.00	NONPATIENT TELEPHONES	5.01	0	70,120	9		1.00
2.00	DATA PROCESSING	5.02	0	1,790,986	9		2.00
3.00	ADMITTING	5.04	0	12,355	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3,141,729	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	25,667	0		5.00
6.00	OPERATION OF PLANT	7.00	0	8,112,956	0		6.00
7.00	DIETARY	10.00	0	7,275	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	30,420	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,452	0		9.00
10.00	PHARMACY	15.00	0	19,591	0		10.00
11.00	SOCIAL SERVICE	17.00	0	13,184	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	249,412	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	43,660	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	28,310	0		14.00
15.00	OPERATING ROOM	50.00	0	720,646	0		15.00
16.00	RECOVERY ROOM	51.00	0	11,648	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,784	0		17.00
18.00	RADIOISOTOPE	56.00	0	15,859	0		18.00
19.00	CT SCAN	57.00	0	52,227	0		19.00
20.00	LABORATORY	60.00	0	222,050	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	3,261	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	52,546	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	38,744	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	1,129	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	6,163	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	9,135	0		26.00
27.00	RENAL DIALYSIS	74.00	0	203	0		27.00
28.00	PAIN MANAGEMENT	76.00	0	9,008	0		28.00
29.00	SLEEP LAB	76.03	0	42,060	0		29.00
30.00	VASCULAR LAB	76.04	0	19,521	0		30.00
31.00	CLINIC	90.00	0	13,157	0		31.00
32.00	EMERGENCY	91.00	0	108,727	0		32.00
33.00	OTHER OP	93.00	0	708	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,336	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	909,579	0		35.00
	0		0	16,127,608			

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:
11/27/2019 9:58 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	F - CAFETERIA						1.00
	DIETARY	10.00	641,171	358,498	0		
	0		641,171	358,498			
	G - THERAPY RECLASS						
1.00	PHYSICAL THERAPY	66.00	0	232,823	0		1.00
2.00	SPEECH PATHOLOGY	68.00	0	5,056	0		2.00
	0		0	237,879			
	H - INTERNS AND RESIDENTS						
1.00	CLINIC	90.00	0	1,845,195	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	1,845,195			
	J - URGENT CARE/PT RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	784	352,074	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		784	352,074			
	K - SLEEP LAB RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	23,345	0		1.00
			0	23,345			
	L - NEW FACILITY/ADMIN RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	7,963	132,604	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
	TOTALS		7,963	132,604			
500.00	Grand Total: Decreases		754,033	59,763,856			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/27/2019 9:58 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	22,847,634	0	0	0	0	1.00
2.00	Land Improvements	15,391,139	44,523	0	44,523	0	2.00
3.00	Buildings and Fixtures	76,681,511	879,207	0	879,207	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	93,064,300	4,271,226	0	4,271,226	0	5.00
6.00	Movable Equipment	91,156,806	5,925,156	0	5,925,156	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	299,141,390	11,120,112	0	11,120,112	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	299,141,390	11,120,112	0	11,120,112	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,847,634	0				1.00
2.00	Land Improvements	15,435,662	0				2.00
3.00	Buildings and Fixtures	77,560,718	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	97,335,526	0				5.00
6.00	Movable Equipment	97,081,962	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	310,261,502	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	310,261,502	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/27/2019 9:58 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
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-Relat ed 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
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: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/27/2019 9:58 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	213,179,540	0	213,179,540	0.687096	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	97,081,962	0	97,081,962	0.312904	0	2.00
3.00	Total (sum of lines 1-2)	310,261,502	0	310,261,502	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	9,809,121	3,477,260	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,481,141	964,788	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,290,262	4,442,048	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	8,381	0	0	0	13,294,762	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,445,929	2.00
3.00	Total (sum of lines 1-2)	8,381	0	0	0	24,740,691	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 9:58 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	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	8,381	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
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)	B	-1,750	NEW CAP REL COSTS-MVBLE EQUIP	2.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-35,189	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,414,608			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	-568,542			0	12.00
13.00	Laundry and linen service	B	-19,209	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	B	-57,844	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-45	DIETARY	10.00	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
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
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 9:58 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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS A&P	B	-3,183	ADULTS & PEDIATRICS	30.00	0	33.00
33.01	MISCELLANEOUS CENTRAL SUPPLY	B	-1,490	CENTRAL SERVICES & SUPPLY	14.00	0	33.01
33.02	MISCELLANEOUS LAB	B	-38,270	LABORATORY	60.00	0	33.02
33.03	MISCELLANEOUS EMERGENCY ROOM	B	-1,084	EMERGENCY	91.00	0	33.03
33.04	MISCELLANEOUS EDUCATION SERVICES	B	-927	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MISCELLANEOUS BUSINESS OFFICE	B	-24,611	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MISCELLANEOUS PT	B	-1,227	PHYSICAL THERAPY	66.00	0	33.06
33.07	MISCELLANEOUS ADMINISTRATIVE	B	-481,245	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.07
33.08	MISCELLANEOUS AUDIOLOGY	B	-250	SPEECH PATHOLOGY	68.00	0	33.08
33.09	MISCELLANEOUS PLANT OPS	B	14,169	OPERATION OF PLANT	7.00	0	33.09
33.10	MISCELLANEOUS IS	B	34,229	DATA PROCESSING	5.02	0	33.10
33.11	IHA DUES	A	-35,973	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12	CHA DUES	A	-1,225	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	AHA DUES	A	-6,446	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33.14	DONATIONS	A	-267,439	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15	ADVERTISING	A	-1,167,459	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16	LEGAL SETTLEMENT	A	-224,911	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.16
33.17	SPECIAL EVENTS	A	-95	MAINTENANCE & REPAIRS	6.00	0	33.17
33.18	SPECIAL EVENTS	A	-35,159	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.18
33.19	PHYSICIAN LIABILITY INSURANCE	A	-163,685	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.19
33.20	PROVIDER TAX ADJUSTMENT	A	-8,608,788	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.20
33.21	GIFTS	A	-4,272	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.21
33.22	SEASON TICKETS	A	-17,847	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.22
33.23	SELF INSURANCE	A	-6,355,423	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	MISCELLANEOUS FAMILY PRACTICE PT SER	B	-1,500	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.24
33.25	SPECIAL EVENTS	A	-668	NURSING ADMINISTRATION	13.00	0	33.25
33.26	GIFTS	A	-756	NURSING ADMINISTRATION	13.00	0	33.26
33.27	ADMINISTRATION-DUES	A	-2,625	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.27
33.28	MARKETING-DUES	A	-7,925	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.28
33.29	VOLUNTEERS-SCHOLARSHIP	A	-9,170	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.29
33.30	CABLE TV	A	-916	SLEEP LAB	76.03	0	33.30
33.31	CABLE TV	A	-102	PHYSICAL THERAPY	66.00	0	33.31
33.32	MEDICARE DEPRECIATION-BLDG	A	943,457	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.32
33.33	MEDICARE DEPRECIATION-MME	A	3,343,786	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,217,836				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 9:58 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

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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 9:58 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		5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATION - SSC MANAGEM	4,013,223	6,200,357 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE CAPITAL ME	14,071,377	13,842,352 2.00
3.00		5.02	DATA PROCESSING	INFORMATION SYSTEMS - SSC MA	13,965,507	12,575,940 3.00
4.00		0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,050,107	32,618,649	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	A	HSNA/CCC	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				0.00	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.

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

Provider CCN: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 9:58 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	-2,187,134	0		1.00
2.00	229,025	0		2.00
3.00	1,389,567	0		3.00
4.00	0	0		4.00
5.00	-568,542			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0187

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2019 9:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	8,386,326	7,714,780	671,546	211,500	2,992	1.00
2.00	13.00	NURSING ADMINISTRATION	-1,026	-1,026	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	-677	-677	0	0	0	3.00
4.00	50.00	OPERATING ROOM	24,525	3,600	20,925	246,400	105	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	-4,500	-4,500	0	0	0	5.00
6.00	60.00	LABORATORY	4,500	0	4,500	260,300	39	6.00
7.00	69.00	ELECTROCARDIOLOGY	136,361	136,361	0	0	0	7.00
8.00	76.03	SLEEP LAB	-13,000	-13,000	0	0	0	8.00
9.00	76.04	VASCULAR LAB	64	64	0	0	0	9.00
10.00	90.00	CLINIC	92,513	92,513	0	0	0	10.00
11.00	91.00	EMERGENCY	1,110,696	1,110,696	0	0	0	11.00
200.00			9,735,782	9,038,811	696,971		3,136	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	304,235	15,212	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	12,439	622	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	4,881	244	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	76.03	SLEEP LAB	0	0	0	0	0	8.00
9.00	76.04	VASCULAR LAB	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			321,555	16,078	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	304,235	367,311	8,082,091		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	-1,026		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	-677		3.00
4.00	50.00	OPERATING ROOM	0	12,439	8,486	12,086		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-4,500		5.00
6.00	60.00	LABORATORY	0	4,881	0	0		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	136,361		7.00
8.00	76.03	SLEEP LAB	0	0	0	-13,000		8.00
9.00	76.04	VASCULAR LAB	0	0	0	64		9.00
10.00	90.00	CLINIC	0	0	0	92,513		10.00
11.00	91.00	EMERGENCY	0	0	0	1,110,696		11.00
200.00			0	321,555	375,797	9,414,608		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	13,294,762	13,294,762			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,445,929		11,445,929		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,935,416	0	0	8,935,416	4.00
5.01	00540	NONPATIENT TELEPHONES	212,737	3,459	156,622	29,383	402,201
5.02	00550	DATA PROCESSING	14,079,883	158,277	1,952,834	931	20,052
5.03	00560	PURCHASING RECEIVING AND STORES	8,225	0	0	0	0
5.04	00570	ADMITTING	1,062,642	21,921	13,546	146,966	2,906
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,645,403	0	0	146,226	581
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	20,694,770	2,080,453	221,911	1,053,657	80,208
6.00	00600	MAINTENANCE & REPAIRS	2,844,537	5,823	28,722	40,484	2,325
7.00	00700	OPERATION OF PLANT	3,476,973	1,060,538	282,631	179,678	6,393
8.00	00800	LAUNDRY & LINEN SERVICE	615,969	27,573	0	0	0
9.00	00900	HOUSEKEEPING	1,706,230	51,069	47,735	158,393	581
10.00	01000	DIETARY	652,172	386,292	7,977	64,954	5,812
11.00	01100	CAFETERIA	999,669	0	0	89,831	0
13.00	01300	NURSING ADMINISTRATION	1,437,575	0	33,372	194,479	6,684
14.00	01400	CENTRAL SERVICES & SUPPLY	677,983	0	69,476	73,469	3,778
15.00	01500	PHARMACY	2,206,490	0	21,862	290,379	5,812
16.00	01600	MEDICAL RECORDS & LIBRARY	1,566,069	7,090	0	131,889	291
17.00	01700	SOCIAL SERVICE	1,911,402	7,330	14,398	217,590	6,975
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,497,071	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	388,093	815,569	0	0	0
23.00	02300	PARAMED ED PRGM	373,806	0	0	51,136	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,638,160	2,458,078	622,068	1,828,205	52,600
31.00	03100	INTENSIVE CARE UNIT	4,691,317	397,492	313,307	611,351	9,881
41.00	04100	SUBPROVIDER - IRF	1,988,770	564,983	48,155	199,321	9,881
43.00	04300	NURSERY	1,680,330	51,241	0	71,940	1,453
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,480,531	1,613,876	2,505,663	760,589	43,882
51.00	05100	RECOVERY ROOM	665,538	101,968	99,407	91,812	581
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,410,488	0	0	192,689	4,650
53.00	05300	ANESTHESIOLOGY	121,130	12,502	30,230	9,809	2,615
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,562,726	499,323	1,690,667	324,533	17,727
56.00	05600	RADIOISOTOPE	275,865	60,489	219,989	37,343	1,453
57.00	05700	CT SCAN	622,264	34,937	423,426	76,334	581
59.00	05900	CARDIAC CATHETERIZATION	2,385,536	379,202	933,450	292,412	5,522
60.00	06000	LABORATORY	4,723,802	412,357	545,764	388,214	15,112
64.00	06400	INTRAVENOUS THERAPY	514,588	83,026	4,186	21,472	0
65.00	06500	RESPIRATORY THERAPY	1,080,705	61,859	91,992	150,932	2,034
66.00	06600	PHYSICAL THERAPY	3,845,939	432,977	77,004	109,421	13,077
67.00	06700	OCCUPATIONAL THERAPY	480,697	0	1,233	0	291
68.00	06800	SPEECH PATHOLOGY	215,812	0	6,730	0	291
69.00	06900	ELECTROCARDIOLOGY	985,944	128,958	110,241	112,928	2,034
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,563,313	151,564	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,193,100	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,257,674	102,927	0	0	0
74.00	07400	RENAL DIALYSIS	667,048	0	222	9	1,162
76.00	03952	PAIN MANAGEMENT	444,077	124,060	29,242	59,806	2,906
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0
76.03	03950	SLEEP LAB	297,120	0	47,631	35,305	581
76.04	03650	VASCULAR LAB	284,469	30,073	439,379	39,421	2,325
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,909,877	173,622	13,445	39,533	4,940
91.00	09100	EMERGENCY	3,971,470	769,021	233,430	507,253	24,411
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	OTHER OP	961,422	0	773	90,615	4,940
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,653,518	13,269,929	11,338,720	8,920,692	367,328
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	466	24,833	1,478	0	581
192.00	19200	PHYSICIANS' PRIVATE OFFICES	975,813	0	105,731	137	34,292
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	WELLNESS/SENIOR VIP	178,863	0	0	14,587	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
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)	208,808,660	13,294,762	11,445,929	8,935,416	402,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	16,211,977					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	8,225				5.03
5.04	00570	ADMITTING	0	26	1,248,007			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	9	0	3,792,219		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	16,211,977	706	0	0	40,343,682	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,255	0	0	2,923,146	6.00
7.00	00700	OPERATION OF PLANT	0	1,583	0	0	5,007,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	0	643,543	8.00
9.00	00900	HOUSEKEEPING	0	94	0	0	1,964,102	9.00
10.00	01000	DIETARY	0	10	0	0	1,117,217	10.00
11.00	01100	CAFETERIA	0	18	0	0	1,089,518	11.00
13.00	01300	NURSING ADMINISTRATION	0	103	0	0	1,672,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	471	0	0	825,177	14.00
15.00	01500	PHARMACY	0	273	0	0	2,524,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,705,339	16.00
17.00	01700	SOCIAL SERVICE	0	7	0	0	2,157,702	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,497,071	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	1,203,662	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	424,942	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	319	91,841	279,112	18,970,383	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76	25,239	76,704	6,125,367	31.00
41.00	04100	SUBPROVIDER - IRF	0	24	9,515	28,917	2,849,566	41.00
43.00	04300	NURSERY	0	1	3,410	10,362	1,818,737	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	910	109,282	332,116	12,846,849	50.00
51.00	05100	RECOVERY ROOM	0	19	9,179	27,897	996,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3	7,489	22,758	1,638,077	52.00
53.00	05300	ANESTHESIOLOGY	0	4	34,266	104,137	314,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	120	92,764	281,916	5,469,776	54.00
56.00	05600	RADIOISOTOPE	0	7	19,144	58,179	672,469	56.00
57.00	05700	CT SCAN	0	24	99,340	301,901	1,558,807	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	134,545	408,891	4,539,558	59.00
60.00	06000	LABORATORY	0	1,386	137,164	416,290	6,640,089	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5	4,141	12,584	640,002	64.00
65.00	06500	RESPIRATORY THERAPY	0	36	30,383	92,335	1,510,276	65.00
66.00	06600	PHYSICAL THERAPY	0	149	34,862	105,949	4,619,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3	7,071	21,491	510,786	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,176	12,690	239,699	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16	55,994	170,171	1,566,286	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,357	122,648	18,877,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	42,827	130,153	8,366,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	97,679	296,854	9,755,134	73.00
74.00	07400	RENAL DIALYSIS	0	4	4,973	15,114	688,532	74.00
76.00	03952	PAIN MANAGEMENT	0	16	18,344	55,749	734,200	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	64	5,051	15,349	401,101	76.03
76.04	03650	VASCULAR LAB	0	6	10,628	32,299	838,600	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	61	10,822	32,888	22,185,188	90.00
91.00	09100	EMERGENCY	0	187	93,401	283,853	5,883,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	50	14,120	42,912	1,114,832	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,211,977	8,046	1,248,007	3,792,219	207,471,700	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	0	0	27,361	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	154	0	0	1,116,127	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	22	0	0	193,472	193.01
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)	16,211,977	8,225	1,248,007	3,792,219	208,808,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	40,343,682					5.06
6.00	00600	MAINTENANCE & REPAIRS	700,029	3,623,175				6.00
7.00	00700	OPERATION OF PLANT	1,199,257	348,533	6,555,586			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	154,114	9,061	18,140	824,858		8.00
9.00	00900	HOUSEKEEPING	470,359	16,783	33,599	14,080	2,498,923	9.00
10.00	01000	DIETARY	267,549	126,950	254,144	325	24,847	10.00
11.00	01100	CAFETERIA	260,916	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	400,458	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	197,612	0	0	0	5,324	14.00
15.00	01500	PHARMACY	604,638	0	0	0	14,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	408,391	2,330	4,665	0	0	16.00
17.00	01700	SOCIAL SERVICE	516,722	2,409	4,822	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	358,516	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	288,251	268,027	536,570	0	0	22.00
23.00	02300	PARAMED ED PRGM	101,764	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,542,989	807,816	1,617,191	334,919	1,087,956	30.00
31.00	03100	INTENSIVE CARE UNIT	1,466,891	130,631	261,513	61,943	186,354	31.00
41.00	04100	SUBPROVIDER - IRF	682,408	185,675	371,707	36,155	173,931	41.00
43.00	04300	NURSERY	435,547	16,840	33,712	4,519	7,099	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,076,538	530,381	1,061,782	68,091	551,964	50.00
51.00	05100	RECOVERY ROOM	238,616	33,510	67,085	7,965	19,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	392,283	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	75,362	4,109	8,225	87	1,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,309,891	164,096	328,508	34,067	49,694	54.00
56.00	05600	RADIOISOTOPE	161,042	19,879	39,796	3,486	8,874	56.00
57.00	05700	CT SCAN	373,300	11,482	22,985	13,895	8,874	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,087,124	124,620	249,480	63,095	33,721	59.00
60.00	06000	LABORATORY	1,590,155	135,516	271,293	0	5,324	60.00
64.00	06400	INTRAVENOUS THERAPY	153,266	27,286	54,624	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	361,678	20,329	40,697	0	8,874	65.00
66.00	06600	PHYSICAL THERAPY	1,106,239	142,293	284,859	31,161	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	122,322	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	57,403	0	0	293	0	68.00
69.00	06900	ELECTROCARDIOLOGY	375,091	42,380	84,842	20,716	30,172	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,520,837	49,810	99,715	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,003,492	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,336,140	33,826	67,716	0	0	73.00
74.00	07400	RENAL DIALYSIS	164,888	0	0	1,214	0	74.00
76.00	03952	PAIN MANAGEMENT	175,825	40,771	81,620	7,695	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	96,055	0	0	53	0	76.03
76.04	03650	VASCULAR LAB	200,826	9,883	19,785	203	7,099	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,312,893	57,059	114,228	9,682	0	90.00
91.00	09100	EMERGENCY	1,408,855	252,729	505,945	111,090	271,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	266,978	0	0	124	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,023,510	3,615,014	6,539,248	824,858	2,497,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,552	8,161	16,338	0	1,775	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	267,288	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	46,332	0	0	0	0	193.01
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)	40,343,682	3,623,175	6,555,586	824,858	2,498,923	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,791,032					10.00
11.00	01100	CAFETERIA	0	1,350,434				11.00
13.00	01300	NURSING ADMINISTRATION	0	36,561	2,109,232			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,408	0	1,053,521		14.00
15.00	01500	PHARMACY	0	48,958	0	0	3,192,610	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	37,676	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	8,364	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,293,774	383,039	978,481	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	208,025	101,485	259,247	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	230,761	39,497	100,874	0	0	41.00
43.00	04300	NURSERY	0	11,524	29,450	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	137,265	350,646	0	0	50.00
51.00	05100	RECOVERY ROOM	0	14,535	37,108	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,415	37,508	95,804	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,773	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,103	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	5,966	0	0	0	56.00
57.00	05700	CT SCAN	0	14,758	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,556	0	0	0	59.00
60.00	06000	LABORATORY	0	96,318	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,717	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,999	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,063	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	19,572	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	730,918	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	322,603	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,192,610	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	12,305	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	7,267	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	6,134	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,959	0	0	0	90.00
91.00	09100	EMERGENCY	31,057	100,853	257,622	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	16,189	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,791,032	1,348,352	2,109,232	1,053,521	3,192,610	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	56	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	2,026	0	0	0	193.01
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)	1,791,032	1,350,434	2,109,232	1,053,521	3,192,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,120,725					16.00
17.00	01700	SOCIAL SERVICE	0	2,719,331				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,855,587			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	2,296,510		22.00
23.00	02300	PARAMED ED PRGM	0	0			535,070	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	730,849	2,153,789	1,416,365	1,752,921	0	30.00
31.00	03100	INTENSIVE CARE UNIT	143,419	351,729	108,572	134,370	0	31.00
41.00	04100	SUBPROVIDER - IRF	115,914	131,714	0	0	0	41.00
43.00	04300	NURSERY	218	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,793	2,067	130,779	161,855	0	50.00
51.00	05100	RECOVERY ROOM	10,915	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,274	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	33,399	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	138,617	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	27,723	0	0	0	0	56.00
57.00	05700	CT SCAN	128,357	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	178,346	0	0	0	0	59.00
60.00	06000	LABORATORY	121,153	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	4,584	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,767	0	1,234	1,527	0	65.00
66.00	06600	PHYSICAL THERAPY	41,694	0	13,571	16,796	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,183	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,401	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65,706	0	28,377	35,120	0	69.00
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	535,070	73.00
74.00	07400	RENAL DIALYSIS	655	0	1,234	1,527	0	74.00
76.00	03952	PAIN MANAGEMENT	49,553	0	27,143	33,593	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	8,295	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	12,443	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,865	0	39,481	48,862	0	90.00
91.00	09100	EMERGENCY	121,153	80,032	88,831	109,939	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	24,449	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,120,725	2,719,331	1,855,587	2,296,510	535,070	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
202.00	TOTAL (sum lines 118 through 201)	16.00 2,120,725	17.00 2,719,331	21.00 1,855,587	22.00 2,296,510	23.00 535,070	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				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	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,070,472	-3,169,286	32,901,186	30.00
31.00	03100	INTENSIVE CARE UNIT	9,539,546	-242,942	9,296,604	31.00
41.00	04100	SUBPROVIDER - IRF	4,918,202	0	4,918,202	41.00
43.00	04300	NURSERY	2,357,646	0	2,357,646	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,047,010	-292,634	18,754,376	50.00
51.00	05100	RECOVERY ROOM	1,425,658	0	1,425,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,361	0	2,194,361	52.00
53.00	05300	ANESTHESIOLOGY	441,423	0	441,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,562,752	0	7,562,752	54.00
56.00	05600	RADIOISOTOPE	939,235	0	939,235	56.00
57.00	05700	CT SCAN	2,132,458	0	2,132,458	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,326,500	0	6,326,500	59.00
60.00	06000	LABORATORY	8,859,848	0	8,859,848	60.00
64.00	06400	INTRAVENOUS THERAPY	883,479	0	883,479	64.00
65.00	06500	RESPIRATORY THERAPY	1,986,381	-2,761	1,983,620	65.00
66.00	06600	PHYSICAL THERAPY	6,273,054	-30,367	6,242,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	635,291	0	635,291	67.00
68.00	06800	SPEECH PATHOLOGY	299,796	0	299,796	68.00
69.00	06900	ELECTROCARDIOLOGY	2,268,262	-63,497	2,204,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,279,162	0	24,279,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,692,175	0	10,692,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,920,496	0	15,920,496	73.00
74.00	07400	RENAL DIALYSIS	858,050	-2,761	855,289	74.00
76.00	03952	PAIN MANAGEMENT	1,162,705	-60,736	1,101,969	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	512,771	0	512,771	76.03
76.04	03650	VASCULAR LAB	1,094,973	0	1,094,973	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	27,796,217	-88,343	27,707,874	90.00
91.00	09100	EMERGENCY	9,222,677	-198,770	9,023,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950	OTHER OP	1,422,572	0	1,422,572	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,123,172	-4,152,097	202,971,075	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,187	0	60,187	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,383,471	0	1,383,471	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	241,830	0	241,830	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
202.00	TOTAL (sum lines 118 through 201)	208,808,660	-4,152,097	204,656,563		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT				NEW MVBLE EQUIP
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	3,459	156,622	160,081	0	5.01
5.02	00550	DATA PROCESSING	0	158,277	1,952,834	2,111,111	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	21,921	13,546	35,467	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	2,080,453	221,911	2,302,364	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5,823	28,722	34,545	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,060,538	282,631	1,343,169	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,573	0	27,573	0	8.00
9.00	00900	HOUSEKEEPING	0	51,069	47,735	98,804	0	9.00
10.00	01000	DIETARY	0	386,292	7,977	394,269	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	33,372	33,372	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	69,476	69,476	0	14.00
15.00	01500	PHARMACY	0	0	21,862	21,862	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,090	0	7,090	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,330	14,398	21,728	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	815,569	0	815,569	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,458,078	622,068	3,080,146	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	397,492	313,307	710,799	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	564,983	48,155	613,138	0	41.00
43.00	04300	NURSERY	0	51,241	0	51,241	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,613,876	2,505,663	4,119,539	0	50.00
51.00	05100	RECOVERY ROOM	0	101,968	99,407	201,375	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,502	30,230	42,732	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	499,323	1,690,667	2,189,990	0	54.00
56.00	05600	RADIOISOTOPE	0	60,489	219,989	280,478	0	56.00
57.00	05700	CT SCAN	0	34,937	423,426	458,363	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	379,202	933,450	1,312,652	0	59.00
60.00	06000	LABORATORY	0	412,357	545,764	958,121	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	83,026	4,186	87,212	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	61,859	91,992	153,851	0	65.00
66.00	06600	PHYSICAL THERAPY	0	432,977	77,004	509,981	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,233	1,233	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,730	6,730	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	128,958	110,241	239,199	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	151,564	0	151,564	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	102,927	0	102,927	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	222	222	0	74.00
76.00	03952	PAIN MANAGEMENT	0	124,060	29,242	153,302	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	47,631	47,631	0	76.03
76.04	03650	VASCULAR LAB	0	30,073	439,379	469,452	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	173,622	13,445	187,067	0	90.00
91.00	09100	EMERGENCY	0	769,021	233,430	1,002,451	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04950	OTHER OP	0	0	773	773	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	13,269,929	11,338,720	24,608,649	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,833	1,478	26,311	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	105,731	105,731	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments					0		200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			Directly Assigned New Capital Related Costs				
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	13,294,762	11,445,929	24,740,691	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	160,081					5.01
5.02	00550	DATA PROCESSING	7,981	2,119,092				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	1,157	0	0	36,624		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	231	0	0	0	231	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	31,923	2,119,092	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	925	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,545	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	231	0	0	0	0	9.00
10.00	01000	DIETARY	2,313	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,660	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,504	0	0	0	0	14.00
15.00	01500	PHARMACY	2,313	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,776	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,935	0	0	2,676	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,933	0	0	735	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,933	0	0	277	0	41.00
43.00	04300	NURSERY	578	0	0	99	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,465	0	0	3,184	0	50.00
51.00	05100	RECOVERY ROOM	231	0	0	267	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,851	0	0	218	0	52.00
53.00	05300	ANESTHESIOLOGY	1,041	0	0	998	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,056	0	0	2,703	0	54.00
56.00	05600	RADIOISOTOPE	578	0	0	558	0	56.00
57.00	05700	CT SCAN	231	0	0	2,895	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,198	0	0	3,921	0	59.00
60.00	06000	LABORATORY	6,015	0	0	4,256	231	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	121	0	64.00
65.00	06500	RESPIRATORY THERAPY	810	0	0	885	0	65.00
66.00	06600	PHYSICAL THERAPY	5,205	0	0	1,016	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	116	0	0	206	0	67.00
68.00	06800	SPEECH PATHOLOGY	116	0	0	122	0	68.00
69.00	06900	ELECTROCARDIOLOGY	810	0	0	1,632	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,176	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,248	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,846	0	73.00
74.00	07400	RENAL DIALYSIS	463	0	0	145	0	74.00
76.00	03952	PAIN MANAGEMENT	1,157	0	0	535	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	231	0	0	147	0	76.03
76.04	03650	VASCULAR LAB	925	0	0	310	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,966	0	0	315	0	90.00
91.00	09100	EMERGENCY	9,716	0	0	2,722	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	1,966	0	0	411	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,201	2,119,092	0	36,624	231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	231	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,649	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
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)	160,081	2,119,092	0	36,624	231	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,453,379					5.06
6.00	00600	MAINTENANCE & REPAIRS	77,273	112,743				6.00
7.00	00700	OPERATION OF PLANT	132,381	10,845	1,488,940			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,012	282	4,120	48,987		8.00
9.00	00900	HOUSEKEEPING	51,921	522	7,631	836	159,945	9.00
10.00	01000	DIETARY	29,534	3,950	57,723	19	1,590	10.00
11.00	01100	CAFETERIA	28,801	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	44,205	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,814	0	0	0	341	14.00
15.00	01500	PHARMACY	66,744	0	0	0	909	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,081	73	1,059	0	0	16.00
17.00	01700	SOCIAL SERVICE	57,039	75	1,095	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,575	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	31,819	8,340	121,869	0	0	22.00
23.00	02300	PARAMED ED PRGM	11,233	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	501,482	25,134	367,303	19,893	69,634	30.00
31.00	03100	INTENSIVE CARE UNIT	161,924	4,065	59,396	3,679	11,928	31.00
41.00	04100	SUBPROVIDER - IRF	75,328	5,778	84,424	2,147	11,133	41.00
43.00	04300	NURSERY	48,078	524	7,657	268	454	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	339,606	16,504	241,158	4,044	35,329	50.00
51.00	05100	RECOVERY ROOM	26,340	1,043	15,237	473	1,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,303	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,319	128	1,868	5	114	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	144,594	5,106	74,613	2,023	3,181	54.00
56.00	05600	RADIOISOTOPE	17,777	619	9,039	207	568	56.00
57.00	05700	CT SCAN	41,207	357	5,221	825	568	57.00
59.00	05900	CARDIAC CATHETERIZATION	120,003	3,878	56,663	3,747	2,158	59.00
60.00	06000	LABORATORY	175,531	4,217	61,618	0	341	60.00
64.00	06400	INTRAVENOUS THERAPY	16,918	849	12,406	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,924	633	9,243	0	568	65.00
66.00	06600	PHYSICAL THERAPY	122,113	4,428	64,699	1,851	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,503	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,336	0	0	17	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,405	1,319	19,270	1,230	1,931	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	499,037	1,550	22,648	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	221,157	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	257,877	1,053	15,380	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,201	0	0	72	0	74.00
76.00	03952	PAIN MANAGEMENT	19,409	1,269	18,538	457	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	10,603	0	0	3	0	76.03
76.04	03650	VASCULAR LAB	22,168	308	4,494	12	454	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	586,473	1,776	25,944	575	0	90.00
91.00	09100	EMERGENCY	155,518	7,864	114,913	6,597	17,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	29,471	0	0	7	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,418,037	112,489	1,485,229	48,987	159,831	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	723	254	3,711	0	114	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,505	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	5,114	0	0	0	0	193.01
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)	4,453,379	112,743	1,488,940	48,987	159,945	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	489,398					10.00
11.00	01100	CAFETERIA	0	28,801				11.00
13.00	01300	NURSING ADMINISTRATION	0	780	81,017			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	542	0	93,677		14.00
15.00	01500	PHARMACY	0	1,044	0	0	92,872	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	804	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	178	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	353,523	8,173	37,584	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	56,843	2,164	9,958	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	63,055	842	3,875	0	0	41.00
43.00	04300	NURSERY	0	246	1,131	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,927	13,469	0	0	50.00
51.00	05100	RECOVERY ROOM	0	310	1,425	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,491	800	3,680	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	80	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,452	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	127	0	0	0	56.00
57.00	05700	CT SCAN	0	315	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,078	0	0	0	59.00
60.00	06000	LABORATORY	0	2,054	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	79	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	746	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	364	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	417	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	64,993	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	28,684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	92,872	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	262	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	155	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	131	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	191	0	0	0	90.00
91.00	09100	EMERGENCY	8,486	2,151	9,895	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	345	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		489,398	28,757	81,017	93,677	92,872	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	43	0	0	0	193.01
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)	489,398	28,801	81,017	93,677	92,872	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
		16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					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	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,419				16.00
17.00	01700	SOCIAL SERVICE	0	83,517			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	39,575		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		977,597	22.00
23.00	02300	PARAMED ED PRGM	0	0			23.00
						11,411	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,413	66,149			30.00
31.00	03100	INTENSIVE CARE UNIT	3,613	10,802			31.00
41.00	04100	SUBPROVIDER - IRF	2,920	4,045			41.00
43.00	04300	NURSERY	5	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,244	63			50.00
51.00	05100	RECOVERY ROOM	275	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82	0			52.00
53.00	05300	ANESTHESIOLOGY	841	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,492	0			54.00
56.00	05600	RADIOISOTOPE	698	0			56.00
57.00	05700	CT SCAN	3,233	0			57.00
59.00	05900	CARDIAC CATHETERIZATION	4,492	0			59.00
60.00	06000	LABORATORY	3,052	0			60.00
64.00	06400	INTRAVENOUS THERAPY	115	0			64.00
65.00	06500	RESPIRATORY THERAPY	170	0			65.00
66.00	06600	PHYSICAL THERAPY	1,050	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	55	0			67.00
68.00	06800	SPEECH PATHOLOGY	60	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,655	0			69.00
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	0			73.00
74.00	07400	RENAL DIALYSIS	16	0			74.00
76.00	03952	PAIN MANAGEMENT	1,248	0			76.00
76.01	03951	OP CARDIO VASCULAR	0	0			76.01
76.02	03953	ANCILLARY PSYCH	0	0			76.02
76.03	03950	SLEEP LAB	209	0			76.03
76.04	03650	VASCULAR LAB	313	0			76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	500	0			90.00
91.00	09100	EMERGENCY	3,052	2,458			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	616	0			93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
101.00	10100	HOME HEALTH AGENCY	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,419	83,517	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0			193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0			193.01
200.00		Cross Foot Adjustments			39,575	977,597	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM. COSTS		
				21.00	22.00		
202.00	TOTAL (sum lines 118 through 201)	16.00 53,419	17.00 83,517	21.00 39,575	22.00 977,597	23.00 11,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				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	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,571,045	0	4,571,045	30.00
31.00	03100	INTENSIVE CARE UNIT	1,039,839	0	1,039,839	31.00
41.00	04100	SUBPROVIDER - IRF	870,895	0	870,895	41.00
43.00	04300	NURSERY	110,281	0	110,281	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,796,532	0	4,796,532	50.00
51.00	05100	RECOVERY ROOM	248,226	0	248,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,425	0	57,425	52.00
53.00	05300	ANESTHESIOLOGY	56,126	0	56,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,434,210	0	2,434,210	54.00
56.00	05600	RADIOISOTOPE	310,649	0	310,649	56.00
57.00	05700	CT SCAN	513,215	0	513,215	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,510,790	0	1,510,790	59.00
60.00	06000	LABORATORY	1,215,436	0	1,215,436	60.00
64.00	06400	INTRAVENOUS THERAPY	117,700	0	117,700	64.00
65.00	06500	RESPIRATORY THERAPY	206,830	0	206,830	65.00
66.00	06600	PHYSICAL THERAPY	710,707	0	710,707	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,113	0	15,113	67.00
68.00	06800	SPEECH PATHOLOGY	13,381	0	13,381	68.00
69.00	06900	ELECTROCARDIOLOGY	308,868	0	308,868	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	740,968	0	740,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,089	0	251,089	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	472,955	0	472,955	73.00
74.00	07400	RENAL DIALYSIS	19,119	0	19,119	74.00
76.00	03952	PAIN MANAGEMENT	196,177	0	196,177	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	76.02
76.03	03950	SLEEP LAB	58,979	0	58,979	76.03
76.04	03650	VASCULAR LAB	498,567	0	498,567	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	804,807	0	804,807	90.00
91.00	09100	EMERGENCY	1,343,203	0	1,343,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950	OTHER OP	33,589	0	33,589	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,526,721	0	23,526,721	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,344	0	31,344	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	148,886	0	148,886	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	5,157	0	5,157	193.01
200.00		Cross Foot Adjustments	1,028,583	0	1,028,583	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
202.00	TOTAL (sum lines 118 through 201)	24,740,691	0	24,740,691		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	388,148				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,481,143			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	63,776,866			4.00
5.01	00540	NONPATIENT TELEPHONES	101	143,420	209,724	1,384	5.01
5.02	00550	DATA PROCESSING	4,621	1,788,228	6,642	69	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	640	12,404	1,048,980	10	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,043,699	2	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	60,740	203,206	7,520,536	276	5.06
6.00	00600	MAINTENANCE & REPAIRS	170	26,301	288,958	8	6.00
7.00	00700	OPERATION OF PLANT	30,963	258,808	1,282,462	22	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	805	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,491	43,711	1,130,541	2	9.00
10.00	01000	DIETARY	11,278	7,305	463,613	20	10.00
11.00	01100	CAFETERIA	0	0	641,171	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,559	1,388,107	23	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,620	524,390	13	14.00
15.00	01500	PHARMACY	0	20,019	2,072,599	20	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	0	941,362	1	16.00
17.00	01700	SOCIAL SERVICE	214	13,184	1,553,062	24	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	23,811	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	364,988	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,765	569,633	13,048,751	181	30.00
31.00	03100	INTENSIVE CARE UNIT	11,605	286,898	4,363,553	34	31.00
41.00	04100	SUBPROVIDER - IRF	16,495	44,096	1,422,663	34	41.00
43.00	04300	NURSERY	1,496	0	513,473	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,118	2,294,461	5,428,747	151	50.00
51.00	05100	RECOVERY ROOM	2,977	91,028	655,314	2	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,375,331	16	52.00
53.00	05300	ANESTHESIOLOGY	365	27,682	70,013	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,578	1,548,159	2,316,372	61	54.00
56.00	05600	RADIOISOTOPE	1,766	201,446	266,539	5	56.00
57.00	05700	CT SCAN	1,020	387,735	544,837	2	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,071	854,769	2,087,107	19	59.00
60.00	06000	LABORATORY	12,039	499,761	2,770,897	52	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	3,833	153,257	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	84,238	1,077,283	7	65.00
66.00	06600	PHYSICAL THERAPY	12,641	70,513	780,999	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,129	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,163	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	3,765	100,949	806,033	7	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,425	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	3,005	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	203	62	4	74.00
76.00	03952	PAIN MANAGEMENT	3,622	26,777	426,871	10	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	43,616	251,991	2	76.03
76.04	03650	VASCULAR LAB	878	402,343	281,369	8	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,069	12,312	282,166	17	90.00
91.00	09100	EMERGENCY	22,452	213,754	3,620,543	84	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	708	646,768	17	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	387,423	10,382,971	63,671,773	1,264	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	1,353	0	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	96,819	978	118	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	104,115	0	193.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
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)	13,294,762	11,445,929	8,935,416	402,201	16,211,977	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.251785	1.092050	0.140104	290.607659	16,211.977000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	160,081	2,119,092	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	115.665462	2,119.092000	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCU. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	885,285					5.03
5.04	00570	ADMITTING	2,779	826,371,055				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	935	0	826,371,055			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	76,034	0	0	-40,343,682	168,464,978	5.06
6.00	00600	MAINTENANCE & REPAIRS	135,054	0	0	0	2,923,146	6.00
7.00	00700	OPERATION OF PLANT	170,040	0	0	0	5,007,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	138	0	0	0	643,543	8.00
9.00	00900	HOUSEKEEPING	10,168	0	0	0	1,964,102	9.00
10.00	01000	DIETARY	1,028	0	0	0	1,117,217	10.00
11.00	01100	CAFETERIA	1,951	0	0	0	1,089,518	11.00
13.00	01300	NURSING ADMINISTRATION	11,127	0	0	0	1,672,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,721	0	0	0	825,177	14.00
15.00	01500	PHARMACY	29,396	0	0	0	2,524,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53	0	0	0	1,705,339	16.00
17.00	01700	SOCIAL SERVICE	701	0	0	0	2,157,702	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,497,071	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	1,203,662	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	424,942	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,388	60,822,040	60,822,040	0	18,970,383	30.00
31.00	03100	INTENSIVE CARE UNIT	8,223	16,714,835	16,714,835	0	6,125,367	31.00
41.00	04100	SUBPROVIDER - IRF	2,569	6,301,417	6,301,417	0	2,849,566	41.00
43.00	04300	NURSERY	97	2,258,110	2,258,110	0	1,818,737	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,967	72,372,206	72,372,206	0	12,846,849	50.00
51.00	05100	RECOVERY ROOM	2,087	6,079,105	6,079,105	0	996,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286	4,959,286	4,959,286	0	1,638,077	52.00
53.00	05300	ANESTHESIOLOGY	438	22,692,758	22,692,758	0	314,693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,868	61,432,943	61,432,943	0	5,469,776	54.00
56.00	05600	RADIOISOTOPE	807	12,677,832	12,677,832	0	672,469	56.00
57.00	05700	CT SCAN	2,610	65,787,872	65,787,872	0	1,558,807	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,102,448	89,102,448	0	4,539,558	59.00
60.00	06000	LABORATORY	149,220	90,714,290	90,714,290	0	6,640,089	60.00
64.00	06400	INTRAVENOUS THERAPY	554	2,742,116	2,742,116	0	640,002	64.00
65.00	06500	RESPIRATORY THERAPY	3,886	20,120,969	20,120,969	0	1,510,276	65.00
66.00	06600	PHYSICAL THERAPY	16,088	23,087,682	23,087,682	0	4,619,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	300	4,683,098	4,683,098	0	510,786	67.00
68.00	06800	SPEECH PATHOLOGY	18	2,765,328	2,765,328	0	239,699	68.00
69.00	06900	ELECTROCARDIOLOGY	1,731	37,082,361	37,082,361	0	1,566,286	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,726,515	26,726,515	0	18,877,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	28,361,976	28,361,976	0	8,366,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,688,163	64,688,163	0	9,755,134	73.00
74.00	07400	RENAL DIALYSIS	438	3,293,465	3,293,465	0	688,532	74.00
76.00	03952	PAIN MANAGEMENT	1,730	12,148,318	12,148,318	0	734,200	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	6,880	3,344,784	3,344,784	0	401,101	76.03
76.04	03650	VASCULAR LAB	666	7,038,328	7,038,328	0	838,600	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,578	7,166,688	7,166,688	0	22,185,188	90.00
91.00	09100	EMERGENCY	20,166	61,855,150	61,855,150	0	5,883,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	5,363	9,350,972	9,350,972	0	1,114,832	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	866,083	826,371,055	826,371,055	-40,343,682	167,128,018	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	275	0	0	0	27,361	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,550	0	0	0	1,116,127	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	2,377	0	0	0	193,472	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	OTHER ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,225	1,248,007	3,792,219		40,343,682	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.009291	0.001510	0.004589		0.239478	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	36,624	231		4,453,379	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000044	0.000000		0.026435	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					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	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	321,876				6.00
7.00	00700	OPERATION OF PLANT	30,963	290,913			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	805	805	1,146,244		8.00
9.00	00900	HOUSEKEEPING	1,491	1,491	19,566	1,408	9.00
10.00	01000	DIETARY	11,278	11,278	452	14	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3	14.00
15.00	01500	PHARMACY	0	0	0	8	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	207	207	0	0	16.00
17.00	01700	SOCIAL SERVICE	214	214	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	23,811	23,811	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,765	71,765	465,414	613	30.00
31.00	03100	INTENSIVE CARE UNIT	11,605	11,605	86,077	105	31.00
41.00	04100	SUBPROVIDER - IRF	16,495	16,495	50,242	98	41.00
43.00	04300	NURSERY	1,496	1,496	6,280	4	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,118	47,118	94,621	311	50.00
51.00	05100	RECOVERY ROOM	2,977	2,977	11,068	11	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	365	365	121	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,578	14,578	47,340	28	54.00
56.00	05600	RADIOISOTOPE	1,766	1,766	4,844	5	56.00
57.00	05700	CT SCAN	1,020	1,020	19,309	5	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,071	11,071	87,678	19	59.00
60.00	06000	LABORATORY	12,039	12,039	0	3	60.00
64.00	06400	INTRAVENOUS THERAPY	2,424	2,424	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,806	1,806	0	5	65.00
66.00	06600	PHYSICAL THERAPY	12,641	12,641	43,302	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	407	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,765	3,765	28,787	17	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,425	4,425	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	3,005	3,005	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,687	0	74.00
76.00	03952	PAIN MANAGEMENT	3,622	3,622	10,693	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	73	0	76.03
76.04	03650	VASCULAR LAB	878	878	282	4	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,069	5,069	13,455	0	90.00
91.00	09100	EMERGENCY	22,452	22,452	154,374	153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	OTHER OP	0	0	172	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,151	290,188	1,146,244	1,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	725	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	3,623,175	6,555,586	824,858	2,498,923	1,791,032	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.256431	22.534524	0.719618	1,774.803267	15.238805	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	112,743	1,488,940	48,987	159,945	489,398	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.350268	5.118162	0.042737	113.597301	4.163991	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	72,655					11.00
13.00	01300	NURSING ADMINISTRATION	1,967	923,995				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,367	0	26,756,413			14.00
15.00	01500	PHARMACY	2,634	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	9,715	16.00
17.00	01700	SOCIAL SERVICE	2,027	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	450	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,608	428,645	0	0	3,348	30.00
31.00	03100	INTENSIVE CARE UNIT	5,460	113,569	0	0	657	31.00
41.00	04100	SUBPROVIDER - IRF	2,125	44,190	0	0	531	41.00
43.00	04300	NURSERY	620	12,901	0	0	1	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,385	153,608	0	0	590	50.00
51.00	05100	RECOVERY ROOM	782	16,256	0	0	50	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,018	41,969	0	0	15	52.00
53.00	05300	ANESTHESIOLOGY	203	0	0	0	153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,664	0	0	0	635	54.00
56.00	05600	RADIOISOTOPE	321	0	0	0	127	56.00
57.00	05700	CT SCAN	794	0	0	0	588	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,720	0	0	0	817	59.00
60.00	06000	LABORATORY	5,182	0	0	0	555	60.00
64.00	06400	INTRAVENOUS THERAPY	200	0	0	0	21	64.00
65.00	06500	RESPIRATORY THERAPY	1,883	0	0	0	31	65.00
66.00	06600	PHYSICAL THERAPY	918	0	0	0	191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	11	68.00
69.00	06900	ELECTROCARDIOLOGY	1,053	0	0	0	301	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,563,313	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	8,193,100	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3	74.00
76.00	03952	PAIN MANAGEMENT	662	0	0	0	227	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	391	0	0	0	38	76.03
76.04	03650	VASCULAR LAB	330	0	0	0	57	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	482	0	0	0	91	90.00
91.00	09100	EMERGENCY	5,426	112,857	0	0	555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	871	0	0	0	112	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,543	923,995	26,756,413	1,000	9,715	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	109	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATIO N (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,350,434	2,109,232	1,053,521	3,192,610	2,120,725	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.586938	2.282731	0.039375	3,192.610000	218.293875	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,801	81,017	93,677	92,872	53,419	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.396408	0.087681	0.003501	92.872000	5.498610	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: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM (TIME SPENT)		
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
			17.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						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	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	18,416					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,504				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,504			22.00
23.00	02300	PARAMED ED PRGM	0			1,000		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,586	1,148	1,148	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,382	88	88	0		31.00
41.00	04100	SUBPROVIDER - IRF	892	0	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14	106	106	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1	1	0		65.00
66.00	06600	PHYSICAL THERAPY	0	11	11	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	23	23	0		69.00
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	1,000		73.00
74.00	07400	RENAL DIALYSIS	0	1	1	0		74.00
76.00	03952	PAIN MANAGEMENT	0	22	22	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0		76.02
76.03	03950	SLEEP LAB	0	0	0	0		76.03
76.04	03650	VASCULAR LAB	0	0	0	0		76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	32	32	0		90.00
91.00	09100	EMERGENCY	542	72	72	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,416	1,504	1,504	1,000		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0		193.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (TIME SPENT)		
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM. COSTS (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,719,331	1,855,587	2,296,510	535,070		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	147.661327	1,233.767952	1,526.934840	535.070000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	83,517	39,575	977,597	11,411		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.535024	26.313165	649.998005	11.411000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/27/2019 9:58 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	32,901,186		32,901,186	0	32,901,186	30.00
31.00	03100	INTENSIVE CARE UNIT	9,296,604		9,296,604	0	9,296,604	31.00
41.00	04100	SUBPROVIDER - IRF	4,918,202		4,918,202	0	4,918,202	41.00
43.00	04300	NURSERY	2,357,646		2,357,646	0	2,357,646	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,754,376		18,754,376	8,486	18,762,862	50.00
51.00	05100	RECOVERY ROOM	1,425,658		1,425,658	0	1,425,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,361		2,194,361	0	2,194,361	52.00
53.00	05300	ANESTHESIOLOGY	441,423		441,423	0	441,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,562,752		7,562,752	0	7,562,752	54.00
56.00	05600	RADIOISOTOPE	939,235		939,235	0	939,235	56.00
57.00	05700	CT SCAN	2,132,458		2,132,458	0	2,132,458	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,326,500		6,326,500	0	6,326,500	59.00
60.00	06000	LABORATORY	8,859,848		8,859,848	0	8,859,848	60.00
64.00	06400	INTRAVENOUS THERAPY	883,479		883,479	0	883,479	64.00
65.00	06500	RESPIRATORY THERAPY	1,983,620	0	1,983,620	0	1,983,620	65.00
66.00	06600	PHYSICAL THERAPY	6,242,687	0	6,242,687	0	6,242,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	635,291	0	635,291	0	635,291	67.00
68.00	06800	SPEECH PATHOLOGY	299,796	0	299,796	0	299,796	68.00
69.00	06900	ELECTROCARDIOLOGY	2,204,765		2,204,765	0	2,204,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,279,162		24,279,162	0	24,279,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,692,175		10,692,175	0	10,692,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,920,496		15,920,496	0	15,920,496	73.00
74.00	07400	RENAL DIALYSIS	855,289		855,289	0	855,289	74.00
76.00	03952	PAIN MANAGEMENT	1,101,969		1,101,969	0	1,101,969	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	512,771		512,771	0	512,771	76.03
76.04	03650	VASCULAR LAB	1,094,973		1,094,973	0	1,094,973	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,707,874		27,707,874	0	27,707,874	90.00
91.00	09100	EMERGENCY	9,023,907		9,023,907	0	9,023,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,383,702		3,383,702	0	3,383,702	92.00
93.00	04950	OTHER OP	1,422,572		1,422,572	0	1,422,572	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	206,354,777	0	206,354,777	8,486	206,363,263	200.00
201.00		Less Observation Beds	3,383,702		3,383,702		3,383,702	201.00
202.00		Total (see instructions)	202,971,075	0	202,971,075	8,486	202,979,561	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 9:58 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,588,137		52,588,137		30.00
31.00	03100	INTENSIVE CARE UNIT	16,714,835		16,714,835		31.00
41.00	04100	SUBPROVIDER - IRF	6,301,417		6,301,417		41.00
43.00	04300	NURSERY	2,258,110		2,258,110		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,596,887	39,775,319	72,372,206	0.259138	50.00
51.00	05100	RECOVERY ROOM	2,029,692	4,049,413	6,079,105	0.234518	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,772,572	1,186,714	4,959,286	0.442475	52.00
53.00	05300	ANESTHESIOLOGY	10,286,124	12,406,634	22,692,758	0.019452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,428,483	51,004,460	61,432,943	0.123106	54.00
56.00	05600	RADIOISOTOPE	2,216,918	10,460,914	12,677,832	0.074085	56.00
57.00	05700	CT SCAN	18,546,066	47,241,806	65,787,872	0.032414	57.00
59.00	05900	CARDIAC CATHETERIZATION	36,138,836	52,963,612	89,102,448	0.071003	59.00
60.00	06000	LABORATORY	45,294,876	45,419,414	90,714,290	0.097668	60.00
64.00	06400	INTRAVENOUS THERAPY	2,044,765	697,351	2,742,116	0.322189	64.00
65.00	06500	RESPIRATORY THERAPY	17,593,292	2,527,677	20,120,969	0.098585	65.00
66.00	06600	PHYSICAL THERAPY	7,417,538	15,670,144	23,087,682	0.270390	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,901,029	782,069	4,683,098	0.135656	67.00
68.00	06800	SPEECH PATHOLOGY	1,870,767	894,561	2,765,328	0.108412	68.00
69.00	06900	ELECTROCARDIOLOGY	15,057,871	22,024,490	37,082,361	0.059456	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,261,169	17,465,346	26,726,515	0.098430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,361,769	12,000,207	28,361,976	0.376990	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,333,332	32,354,831	64,688,163	0.246111	73.00
74.00	07400	RENAL DIALYSIS	3,053,100	240,365	3,293,465	0.259693	74.00
76.00	03952	PAIN MANAGEMENT	434	12,147,884	12,148,318	0.090710	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	259,925	3,084,859	3,344,784	0.153305	76.03
76.04	03650	VASCULAR LAB	2,284,463	4,753,865	7,038,328	0.155573	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	31,844	7,134,844	7,166,688	3.866203	90.00
91.00	09100	EMERGENCY	15,833,721	46,021,429	61,855,150	0.145888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,052,383	5,181,520	8,233,903	0.410948	92.00
93.00	04950	OTHER OP	137,976	9,212,996	9,350,972	0.152131	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	369,668,331	456,702,724	826,371,055		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	369,668,331	456,702,724	826,371,055		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/27/2019 9:58 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.259255		50.00
51.00	05100	RECOVERY ROOM	0.234518		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442475		52.00
53.00	05300	ANESTHESIOLOGY	0.019452		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123106		54.00
56.00	05600	RADIOISOTOPE	0.074085		56.00
57.00	05700	CT SCAN	0.032414		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.071003		59.00
60.00	06000	LABORATORY	0.097668		60.00
64.00	06400	INTRAVENOUS THERAPY	0.322189		64.00
65.00	06500	RESPIRATORY THERAPY	0.098585		65.00
66.00	06600	PHYSICAL THERAPY	0.270390		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.135656		67.00
68.00	06800	SPEECH PATHOLOGY	0.108412		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059456		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376990		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246111		73.00
74.00	07400	RENAL DIALYSIS	0.259693		74.00
76.00	03952	PAIN MANAGEMENT	0.090710		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.153305		76.03
76.04	03650	VASCULAR LAB	0.155573		76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.866203		90.00
91.00	09100	EMERGENCY	0.145888		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410948		92.00
93.00	04950	OTHER OP	0.152131		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
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: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 9:58 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,901,186		32,901,186	0	32,901,186	30.00
31.00	03100	INTENSIVE CARE UNIT	9,296,604		9,296,604	0	9,296,604	31.00
41.00	04100	SUBPROVIDER - IRF	4,918,202		4,918,202	0	4,918,202	41.00
43.00	04300	NURSERY	2,357,646		2,357,646	0	2,357,646	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,754,376		18,754,376	8,486	18,762,862	50.00
51.00	05100	RECOVERY ROOM	1,425,658		1,425,658	0	1,425,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,194,361		2,194,361	0	2,194,361	52.00
53.00	05300	ANESTHESIOLOGY	441,423		441,423	0	441,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,562,752		7,562,752	0	7,562,752	54.00
56.00	05600	RADIOISOTOPE	939,235		939,235	0	939,235	56.00
57.00	05700	CT SCAN	2,132,458		2,132,458	0	2,132,458	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,326,500		6,326,500	0	6,326,500	59.00
60.00	06000	LABORATORY	8,859,848		8,859,848	0	8,859,848	60.00
64.00	06400	INTRAVENOUS THERAPY	883,479		883,479	0	883,479	64.00
65.00	06500	RESPIRATORY THERAPY	1,983,620	0	1,983,620	0	1,983,620	65.00
66.00	06600	PHYSICAL THERAPY	6,242,687	0	6,242,687	0	6,242,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	635,291	0	635,291	0	635,291	67.00
68.00	06800	SPEECH PATHOLOGY	299,796	0	299,796	0	299,796	68.00
69.00	06900	ELECTROCARDIOLOGY	2,204,765		2,204,765	0	2,204,765	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,279,162		24,279,162	0	24,279,162	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,692,175		10,692,175	0	10,692,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,920,496		15,920,496	0	15,920,496	73.00
74.00	07400	RENAL DIALYSIS	855,289		855,289	0	855,289	74.00
76.00	03952	PAIN MANAGEMENT	1,101,969		1,101,969	0	1,101,969	76.00
76.01	03951	OP CARDIO VASCULAR	0		0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0		0	0	0	76.02
76.03	03950	SLEEP LAB	512,771		512,771	0	512,771	76.03
76.04	03650	VASCULAR LAB	1,094,973		1,094,973	0	1,094,973	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,707,874		27,707,874	0	27,707,874	90.00
91.00	09100	EMERGENCY	9,023,907		9,023,907	0	9,023,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,383,702		3,383,702	0	3,383,702	92.00
93.00	04950	OTHER OP	1,422,572		1,422,572	0	1,422,572	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
200.00		Subtotal (see instructions)	206,354,777	0	206,354,777	8,486	206,363,263	200.00
201.00		Less Observation Beds	3,383,702		3,383,702		3,383,702	201.00
202.00		Total (see instructions)	202,971,075	0	202,971,075	8,486	202,979,561	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/27/2019 9:58 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						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		52,588,137		52,588,137				30.00
31.00	03100	INTENSIVE CARE UNIT		16,714,835		16,714,835				31.00
41.00	04100	SUBPROVIDER - IRF		6,301,417		6,301,417				41.00
43.00	04300	NURSERY		2,258,110		2,258,110				43.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		32,596,887	39,775,319	72,372,206	0.259138	0.000000		50.00
51.00	05100	RECOVERY ROOM		2,029,692	4,049,413	6,079,105	0.234518	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,772,572	1,186,714	4,959,286	0.442475	0.000000		52.00
53.00	05300	ANESTHESIOLOGY		10,286,124	12,406,634	22,692,758	0.019452	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		10,428,483	51,004,460	61,432,943	0.123106	0.000000		54.00
56.00	05600	RADIOISOTOPE		2,216,918	10,460,914	12,677,832	0.074085	0.000000		56.00
57.00	05700	CT SCAN		18,546,066	47,241,806	65,787,872	0.032414	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION		36,138,836	52,963,612	89,102,448	0.071003	0.000000		59.00
60.00	06000	LABORATORY		45,294,876	45,419,414	90,714,290	0.097668	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY		2,044,765	697,351	2,742,116	0.322189	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY		17,593,292	2,527,677	20,120,969	0.098585	0.000000		65.00
66.00	06600	PHYSICAL THERAPY		7,417,538	15,670,144	23,087,682	0.270390	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY		3,901,029	782,069	4,683,098	0.135656	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY		1,870,767	894,561	2,765,328	0.108412	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY		15,057,871	22,024,490	37,082,361	0.059456	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,261,169	17,465,346	26,726,515	0.090843	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		16,361,769	12,000,207	28,361,976	0.376990	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		32,333,332	32,354,831	64,688,163	0.246111	0.000000		73.00
74.00	07400	RENAL DIALYSIS		3,053,100	240,365	3,293,465	0.259693	0.000000		74.00
76.00	03952	PAIN MANAGEMENT		434	12,147,884	12,148,318	0.090710	0.000000		76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0.000000	0.000000		76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0.000000	0.000000		76.02
76.03	03950	SLEEP LAB		259,925	3,084,859	3,344,784	0.153305	0.000000		76.03
76.04	03650	VASCULAR LAB		2,284,463	4,753,865	7,038,328	0.155573	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		31,844	7,134,844	7,166,688	3.866203	0.000000		90.00
91.00	09100	EMERGENCY		15,833,721	46,021,429	61,855,150	0.145888	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,052,383	5,181,520	8,233,903	0.410948	0.000000		92.00
93.00	04950	OTHER OP		137,976	9,212,996	9,350,972	0.152131	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES		0	0	0	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY		0	0	0				101.00
200.00		Subtotal (see instructions)		369,668,331	456,702,724	826,371,055				200.00
201.00		Less Observation Beds								201.00
202.00		Total (see instructions)		369,668,331	456,702,724	826,371,055				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/27/2019 9:58 am
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
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
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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03952	PAIN MANAGEMENT	0.000000			76.00
76.01	03951	OP CARDIO VASCULAR	0.000000			76.01
76.02	03953	ANCILLARY PSYCH	0.000000			76.02
76.03	03950	SLEEP LAB	0.000000			76.03
76.04	03650	VASCULAR LAB	0.000000			76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04950	OTHER OP	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
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: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part I Date/Time Prepared: 11/27/2019 9:58 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	4,571,045	0	4,571,045	32,525	140.54	30.00		
31.00	INTENSIVE CARE UNIT	1,039,839		1,039,839	5,901	176.21	31.00		
41.00	SUBPROVIDER - IRF	870,895	0	870,895	4,732	184.04	41.00		
43.00	NURSERY	110,281		110,281	1,957	56.35	43.00		
200.00	Total (lines 30 through 199)	6,592,060		6,592,060	45,115		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	13,375	1,879,723						30.00
31.00	INTENSIVE CARE UNIT	2,763	486,868						31.00
41.00	SUBPROVIDER - IRF	2,257	415,378						41.00
43.00	NURSERY	0	0						43.00
200.00	Total (lines 30 through 199)	18,395	2,781,969						200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/27/2019 9:58 am
Title XVIII				Hospital		PPS
Cost Center Description	Capital Related Cost (from Wkst. C, Part I, 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	4,796,532	72,372,206	0.066276	14,054,945	931,506	50.00
51.00 05100 RECOVERY ROOM	248,226	6,079,105	0.040833	794,617	32,447	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	57,425	4,959,286	0.011579	14,054	163	52.00
53.00 05300 ANESTHESIOLOGY	56,126	22,692,758	0.002473	4,662,051	11,529	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,434,210	61,432,943	0.039624	4,487,085	177,796	54.00
56.00 05600 RADIOISOTOPE	310,649	12,677,832	0.024503	1,073,585	26,306	56.00
57.00 05700 CT SCAN	513,215	65,787,872	0.007801	7,823,823	61,034	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,510,790	89,102,448	0.016956	16,827,365	285,325	59.00
60.00 06000 LABORATORY	1,215,436	90,714,290	0.013399	19,961,753	267,468	60.00
64.00 06400 INTRAVENOUS THERAPY	117,700	2,742,116	0.042923	995,918	42,748	64.00
65.00 06500 RESPIRATORY THERAPY	206,830	20,120,969	0.010279	8,345,124	85,780	65.00
66.00 06600 PHYSICAL THERAPY	710,707	23,087,682	0.030783	2,236,191	68,837	66.00
67.00 06700 OCCUPATIONAL THERAPY	15,113	4,683,098	0.003227	494,953	1,597	67.00
68.00 06800 SPEECH PATHOLOGY	13,381	2,765,328	0.004839	249,346	1,207	68.00
69.00 06900 ELECTROCARDIOLOGY	308,868	37,082,361	0.008329	7,105,295	59,180	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	740,968	26,726,515	0.027724	4,143,913	114,886	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	251,089	28,361,976	0.008853	7,694,207	68,117	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	472,955	64,688,163	0.007311	13,149,152	96,133	73.00
74.00 07400 RENAL DIALYSIS	19,119	3,293,465	0.005805	1,756,628	10,197	74.00
76.00 03952 PAIN MANAGEMENT	196,177	12,148,318	0.016148	434	7	76.00
76.01 03951 OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03 03950 SLEEP LAB	58,979	3,344,784	0.017633	119,314	2,104	76.03
76.04 03650 VASCULAR LAB	498,567	7,038,328	0.070836	1,024,532	72,574	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	804,807	7,166,688	0.112298	18,534	2,081	90.00
91.00 09100 EMERGENCY	1,343,203	61,855,150	0.021715	6,328,398	137,421	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	470,108	8,233,903	0.057094	1,184,707	67,640	92.00
93.00 04950 OTHER OP	33,589	9,350,972	0.003592	45,981	165	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	17,404,769	748,508,556		124,591,905	2,624,248	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/27/2019 9:58 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	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	32,525	0.00	13,375	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	5,901	0.00	2,763	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,732	0.00	2,257	41.00		
43.00	04300	NURSERY		0	1,957	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	45,115		18,395	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	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 9:58 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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
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	535,070	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	535,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 9:58 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	72,372,206	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	6,079,105	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,959,286	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	22,692,758	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	61,432,943	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	12,677,832	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	65,787,872	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	89,102,448	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	90,714,290	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,742,116	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,120,969	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	23,087,682	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,683,098	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,765,328	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	37,082,361	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	26,726,515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	28,361,976	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	535,070	535,070	64,688,163	0.008272	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,293,465	0.000000	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	12,148,318	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB		0	0	0	3,344,784	0.000000	76.03
76.04	03650	VASCULAR LAB		0	0	0	7,038,328	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	7,166,688	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	61,855,150	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	8,233,903	0.000000	92.00
93.00	04950	OTHER OP		0	0	0	9,350,972	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	535,070	535,070	748,508,556		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 9:58 am

				Title XVIII		Hospital	PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	14,054,945	0	8,197,472	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	794,617	0	817,014	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,054	0	3,341	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	4,662,051	0	2,634,428	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,487,085	0	8,857,438	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	1,073,585	0	3,902,011	0	56.00
57.00	05700	CT SCAN	0.000000	7,823,823	0	10,624,229	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,827,365	0	22,976,262	0	59.00
60.00	06000	LABORATORY	0.000000	19,961,753	0	6,068,267	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	995,918	0	254,536	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	8,345,124	0	573,980	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,236,191	0	1,288,072	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	494,953	0	20,160	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	249,346	0	37,945	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,105,295	0	7,144,407	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,143,913	0	5,108,675	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	7,694,207	0	5,295,876	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.008272	13,149,152	108,770	8,731,565	72,228	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,756,628	0	192,489	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000	434	0	3,787,606	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000	119,314	0	44,110	0	76.03
76.04	03650	VASCULAR LAB	0.000000	1,024,532	0	1,658,871	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	18,534	0	2,539,236	0	90.00
91.00	09100	EMERGENCY	0.000000	6,328,398	0	7,006,876	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,184,707	0	1,754,087	0	92.00
93.00	04950	OTHER OP	0.000000	45,981	0	706,152	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		124,591,905	108,770	110,225,105	72,228	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 9:58 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		0.259138	8,197,472	0	0	2,124,276	50.00
51.00	05100	RECOVERY ROOM		0.234518	817,014	0	0	191,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.442475	3,341	0	0	1,478	52.00
53.00	05300	ANESTHESIOLOGY		0.019452	2,634,428	0	0	51,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.123106	8,857,438	0	0	1,090,404	54.00
56.00	05600	RADIOISOTOPE		0.074085	3,902,011	0	0	289,080	56.00
57.00	05700	CT SCAN		0.032414	10,624,229	0	0	344,374	57.00
59.00	05900	CARDIAC CATHETERIZATION		0.071003	22,976,262	0	0	1,631,384	59.00
60.00	06000	LABORATORY		0.097668	6,068,267	0	0	592,676	60.00
64.00	06400	INTRAVENOUS THERAPY		0.322189	254,536	0	0	82,009	64.00
65.00	06500	RESPIRATORY THERAPY		0.098585	573,980	0	0	56,586	65.00
66.00	06600	PHYSICAL THERAPY		0.270390	1,288,072	0	0	348,282	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.135656	20,160	0	0	2,735	67.00
68.00	06800	SPEECH PATHOLOGY		0.108412	37,945	0	0	4,114	68.00
69.00	06900	ELECTROCARDIOLOGY		0.059456	7,144,407	0	0	424,778	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.908430	5,108,675	0	0	4,640,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.376990	5,295,876	0	0	1,996,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.246111	8,731,565	0	61,002	2,148,934	73.00
74.00	07400	RENAL DIALYSIS		0.259693	192,489	0	0	49,988	74.00
76.00	03952	PAIN MANAGEMENT		0.090710	3,787,606	0	0	343,574	76.00
76.01	03951	OP CARDIO VASCULAR		0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0.153305	44,110	0	0	6,762	76.03
76.04	03650	VASCULAR LAB		0.155573	1,658,871	0	0	258,076	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3.866203	2,539,236	0	0	9,817,202	90.00
91.00	09100	EMERGENCY		0.145888	7,006,876	0	0	1,022,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.410948	1,754,087	0	0	720,839	92.00
93.00	04950	OTHER OP		0.152131	706,152	0	0	107,428	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			110,225,105	0	61,002	28,347,413	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)			110,225,105	0	61,002	28,347,413	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
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
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	15,013					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	0	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	OTHER OP	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	15,013					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	15,013					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/27/2019 9:58 am		
				Component CCN: 14-T187				
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,796,532	72,372,206	0.066276	18,794	1,246	50.00
51.00	05100	RECOVERY ROOM	248,226	6,079,105	0.040833	3,077	126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,425	4,959,286	0.011579	0	0	52.00
53.00	05300	ANESTHESIOLOGY	56,126	22,692,758	0.002473	2,101	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,434,210	61,432,943	0.039624	119,403	4,731	54.00
56.00	05600	RADIOISOTOPE	310,649	12,677,832	0.024503	6,158	151	56.00
57.00	05700	CT SCAN	513,215	65,787,872	0.007801	81,980	640	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,510,790	89,102,448	0.016956	1,888	32	59.00
60.00	06000	LABORATORY	1,215,436	90,714,290	0.013399	619,287	8,298	60.00
64.00	06400	INTRAVENOUS THERAPY	117,700	2,742,116	0.042923	7,921	340	64.00
65.00	06500	RESPIRATORY THERAPY	206,830	20,120,969	0.010279	229,095	2,355	65.00
66.00	06600	PHYSICAL THERAPY	710,707	23,087,682	0.030783	1,544,471	47,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,113	4,683,098	0.003227	1,413,947	4,563	67.00
68.00	06800	SPEECH PATHOLOGY	13,381	2,765,328	0.004839	468,856	2,269	68.00
69.00	06900	ELECTROCARDIOLOGY	308,868	37,082,361	0.008329	22,037	184	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	740,968	26,726,515	0.027724	8,357	232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,089	28,361,976	0.008853	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	472,955	64,688,163	0.007311	540,748	3,953	73.00
74.00	07400	RENAL DIALYSIS	19,119	3,293,465	0.005805	174,414	1,012	74.00
76.00	03952	PAIN MANAGEMENT	196,177	12,148,318	0.016148	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	58,979	3,344,784	0.017633	2,276	40	76.03
76.04	03650	VASCULAR LAB	498,567	7,038,328	0.070836	39,529	2,800	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	804,807	7,166,688	0.112298	0	0	90.00
91.00	09100	EMERGENCY	1,343,203	61,855,150	0.021715	2,961	64	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,233,903	0.000000	0	0	92.00
93.00	04950	OTHER OP	33,589	9,350,972	0.003592	897	3	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	16,934,661	748,508,556		5,308,197	80,587	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
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
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	535,070	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0	76.02
76.03	03950	SLEEP LAB		0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB		0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
93.00	04950	OTHER OP		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	535,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	72,372,206	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	6,079,105	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,959,286	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	22,692,758	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	61,432,943	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	12,677,832	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	65,787,872	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	89,102,448	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	90,714,290	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,742,116	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,120,969	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	23,087,682	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,683,098	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,765,328	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	37,082,361	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	26,726,515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	28,361,976	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	535,070	535,070	64,688,163	0.008272	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	3,293,465	0.000000	74.00
76.00	03952	PAIN MANAGEMENT		0	0	0	12,148,318	0.000000	76.00
76.01	03951	OP CARDIO VASCULAR		0	0	0	0	0.000000	76.01
76.02	03953	ANCILLARY PSYCH		0	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB		0	0	0	3,344,784	0.000000	76.03
76.04	03650	VASCULAR LAB		0	0	0	7,038,328	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	7,166,688	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	61,855,150	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	8,233,903	0.000000	92.00
93.00	04950	OTHER OP		0	0	0	9,350,972	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	535,070	535,070	748,508,556		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		18,794	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		3,077	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,101	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		119,403	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		6,158	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		81,980	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		1,888	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		619,287	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		7,921	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		229,095	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,544,471	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,413,947	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		468,856	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		22,037	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		8,357	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	0.008272		540,748	4,473	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		174,414	0	2,188	0	74.00
76.00	03952	PAIN MANAGEMENT	0.000000		0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000		0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.000000		2,276	0	0	0	76.03
76.04	03650	VASCULAR LAB	0.000000		39,529	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		2,961	0	352	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
93.00	04950	OTHER OP	0.000000		897	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,308,197	4,473	2,540	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.259138	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.234518	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442475	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.019452	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123106	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0.074085	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.032414	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0.071003	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.097668	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.322189	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.098585	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.270390	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.135656	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.108412	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.059456	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376990	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246111	0	0	972	0	73.00	
74.00	07400	RENAL DIALYSIS	0.259693	2,188	0	0	568	74.00	
76.00	03952	PAIN MANAGEMENT	0.090710	0	0	0	0	76.00	
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01	
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02	
76.03	03950	SLEEP LAB	0.153305	0	0	0	0	76.03	
76.04	03650	VASCULAR LAB	0.155573	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3.866203	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.145888	352	0	352	51	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	0	0	0	0	92.00	
93.00	04950	OTHER OP	0.152131	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00	
200.00		Subtotal (see instructions)		2,540	0	1,324	619	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		2,540	0	1,324	619	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/27/2019 9:58 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
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
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	239					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03952	PAIN MANAGEMENT	0	0					76.00
76.01	03951	OP CARDIO VASCULAR	0	0					76.01
76.02	03953	ANCILLARY PSYCH	0	0					76.02
76.03	03950	SLEEP LAB	0	0					76.03
76.04	03650	VASCULAR LAB	0	0					76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
91.00	09100	EMERGENCY	0	51					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	OTHER OP	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	290					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	290					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 9:58 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	0.259138	0	785,210	0	0	50.00
51.00	05100	RECOVERY ROOM	0.234518	0	199,607	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442475	0	37,563	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.019452	0	181,826	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123106	0	955,471	0	0	54.00
56.00	05600	RADIOISOTOPE	0.074085	0	165,185	0	0	56.00
57.00	05700	CT SCAN	0.032414	0	1,542,627	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.071003	0	330,298	0	0	59.00
60.00	06000	LABORATORY	0.097668	0	1,221,228	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.322189	0	16,098	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.098585	0	53,947	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.270390	0	4,617	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.135656	0	868	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.108412	0	24,756	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059456	0	408,955	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	0	506,931	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376990	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246111	0	706,700	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.259693	0	2,668	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.090710	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.153305	0	7,844	0	0	76.03
76.04	03650	VASCULAR LAB	0.155573	0	0	0	0	76.04
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3.866203	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.145888	0	2,525,340	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	0	460,909	0	0	92.00
93.00	04950	OTHER OP	0.152131	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	10,138,648	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	10,138,648	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 9:58 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	203,478	0		50.00
51.00	05100	RECOVERY ROOM	46,811	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,621	0		52.00
53.00	05300	ANESTHESIOLOGY	3,537	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,624	0		54.00
56.00	05600	RADIOISOTOPE	12,238	0		56.00
57.00	05700	CT SCAN	50,003	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	23,452	0		59.00
60.00	06000	LABORATORY	119,275	0		60.00
64.00	06400	INTRAVENOUS THERAPY	5,187	0		64.00
65.00	06500	RESPIRATORY THERAPY	5,318	0		65.00
66.00	06600	PHYSICAL THERAPY	1,248	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	118	0		67.00
68.00	06800	SPEECH PATHOLOGY	2,684	0		68.00
69.00	06900	ELECTROCARDIOLOGY	24,315	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	460,511	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,927	0		73.00
74.00	07400	RENAL DIALYSIS	693	0		74.00
76.00	03952	PAIN MANAGEMENT	0	0		76.00
76.01	03951	OP CARDIO VASCULAR	0	0		76.01
76.02	03953	ANCILLARY PSYCH	0	0		76.02
76.03	03950	SLEEP LAB	1,203	0		76.03
76.04	03650	VASCULAR LAB	0	0		76.04
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	368,417	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	189,410	0		92.00
93.00	04950	OTHER OP	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,826,070	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,826,070	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 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)		32,525	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,525	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		29,180	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)		13,375	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)		32,901,186	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)		32,901,186	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,901,186	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)		1,011.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,529,749	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,529,749	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 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			
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	9,296,604	5,901	1,575.43	2,763	4,352,913	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)					22,245,753	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,128,415	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)					2,366,591	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,733,018	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,099,609	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,028,806	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,345	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,011.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,383,702	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 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	4,571,045	32,901,186	0.138933	3,383,702	470,108		90.00	
91.00	Nursing School cost	0	32,901,186	0.000000	3,383,702	0		91.00	
92.00	Allied health cost	0	32,901,186	0.000000	3,383,702	0		92.00	
93.00	All other Medical Education	0	32,901,186	0.000000	3,383,702	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,732	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,732	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,732	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)		2,257	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,918,202	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,918,202	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,918,202	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)		1,039.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,345,813	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,345,813	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					963,800	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,309,613	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)					415,378	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					85,060	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					500,438	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,809,175	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0187 Component CCN:14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			870,895	4,918,202	0.177076	0	0	90.00
91.00	Nursing School cost			0	4,918,202	0.000000	0	0	91.00
92.00	Allied health cost			0	4,918,202	0.000000	0	0	92.00
93.00	All other Medical Education			0	4,918,202	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			32,525 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			32,525 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			29,180 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)			769 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)			1,957 15.00
16.00	Nursery days (title V or XIX only)			218 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)			32,901,186 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)			32,901,186 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			32,901,186 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)			1,011.57 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			777,897 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			777,897 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0187

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 9:58 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)	2,357,646	1,957	1,204.72	218	262,629	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,296,604	5,901	1,575.43	133	209,532	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)					1,360,817	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,610,875	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)					3,345	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,011.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,383,702	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 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	4,571,045	32,901,186	0.138933	3,383,702	470,108	90.00
91.00	Nursing School cost	0	32,901,186	0.000000	3,383,702	0	91.00
92.00	Allied health cost	0	32,901,186	0.000000	3,383,702	0	92.00
93.00	All other Medical Education	0	32,901,186	0.000000	3,383,702	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,732 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,732 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,732 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)			0 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)			1,957 15.00
16.00	Nursery days (title V or XIX only)			218 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,918,202 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,918,202 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,918,202 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)			1,039.35 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am	
				Title XIX		Subprovider - IRF	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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/27/2019 9:58 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	870,895	4,918,202	0.177076	0	0	90.00
91.00	Nursing School cost	0	4,918,202	0.000000	0	0	91.00
92.00	Allied health cost	0	4,918,202	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,918,202	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 9:58 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		25,387,668		30.00
31.00	03100	INTENSIVE CARE UNIT		7,481,997		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.259255	14,054,945	3,643,815	50.00
51.00	05100	RECOVERY ROOM	0.234518	794,617	186,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442475	14,054	6,219	52.00
53.00	05300	ANESTHESIOLOGY	0.019452	4,662,051	90,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123106	4,487,085	552,387	54.00
56.00	05600	RADIOISOTOPE	0.074085	1,073,585	79,537	56.00
57.00	05700	CT SCAN	0.032414	7,823,823	253,601	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.071003	16,827,365	1,194,793	59.00
60.00	06000	LABORATORY	0.097668	19,961,753	1,949,624	60.00
64.00	06400	INTRAVENOUS THERAPY	0.322189	995,918	320,874	64.00
65.00	06500	RESPIRATORY THERAPY	0.098585	8,345,124	822,704	65.00
66.00	06600	PHYSICAL THERAPY	0.270390	2,236,191	604,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.135656	494,953	67,143	67.00
68.00	06800	SPEECH PATHOLOGY	0.108412	249,346	27,032	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059456	7,105,295	422,452	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	4,143,913	3,764,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376990	7,694,207	2,900,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246111	13,149,152	3,236,151	73.00
74.00	07400	RENAL DIALYSIS	0.259693	1,756,628	456,184	74.00
76.00	03952	PAIN MANAGEMENT	0.090710	434	39	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	0.153305	119,314	18,291	76.03
76.04	03650	VASCULAR LAB	0.155573	1,024,532	159,390	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3.866203	18,534	71,656	90.00
91.00	09100	EMERGENCY	0.145888	6,328,398	923,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	1,184,707	486,853	92.00
93.00	04950	OTHER OP	0.152131	45,981	6,995	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		124,591,905	22,245,753	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)		124,591,905		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 9:58 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,995,700		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.259255	18,794	4,872	50.00
51.00	05100 RECOVERY ROOM	0.234518	3,077	722	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442475	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.019452	2,101	41	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123106	119,403	14,699	54.00
56.00	05600 RADIOISOTOPE	0.074085	6,158	456	56.00
57.00	05700 CT SCAN	0.032414	81,980	2,657	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.071003	1,888	134	59.00
60.00	06000 LABORATORY	0.097668	619,287	60,485	60.00
64.00	06400 INTRAVENOUS THERAPY	0.322189	7,921	2,552	64.00
65.00	06500 RESPIRATORY THERAPY	0.098585	229,095	22,585	65.00
66.00	06600 PHYSICAL THERAPY	0.270390	1,544,471	417,610	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.135656	1,413,947	191,810	67.00
68.00	06800 SPEECH PATHOLOGY	0.108412	468,856	50,830	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059456	22,037	1,310	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	8,357	7,592	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376990	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246111	540,748	133,084	73.00
74.00	07400 RENAL DIALYSIS	0.259693	174,414	45,294	74.00
76.00	03952 PAIN MANAGEMENT	0.090710	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.153305	2,276	349	76.03
76.04	03650 VASCULAR LAB	0.155573	39,529	6,150	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.866203	0	0	90.00
91.00	09100 EMERGENCY	0.145888	2,961	432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	0	0	92.00
93.00	04950 OTHER OP	0.152131	897	136	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,308,197	963,800	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)		5,308,197		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 9:58 am
			Title XIX	Hospital	Cost
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		2,337,881	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.259138	845,362	50.00
51.00	05100	RECOVERY ROOM	0.234518	91,647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442475	160,873	52.00
53.00	05300	ANESTHESIOLOGY	0.019452	268,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123106	349,883	54.00
56.00	05600	RADIOISOTOPE	0.074085	28,902	56.00
57.00	05700	CT SCAN	0.032414	512,980	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.071003	412,175	59.00
60.00	06000	LABORATORY	0.097668	1,462,178	60.00
64.00	06400	INTRAVENOUS THERAPY	0.322189	6,720	64.00
65.00	06500	RESPIRATORY THERAPY	0.098585	346,310	65.00
66.00	06600	PHYSICAL THERAPY	0.270390	78,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.135656	19,216	67.00
68.00	06800	SPEECH PATHOLOGY	0.108412	52,571	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059456	413,193	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	473,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376990	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246111	715,047	73.00
74.00	07400	RENAL DIALYSIS	0.259693	71,744	74.00
76.00	03952	PAIN MANAGEMENT	0.090710	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.000000	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.153305	13,657	76.03
76.04	03650	VASCULAR LAB	0.155573	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3.866203	0	90.00
91.00	09100	EMERGENCY	0.145888	344,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	103,742	92.00
93.00	04950	OTHER OP	0.152131	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,771,618	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)		6,771,618	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 9:58 am	
		Component CCN: 14-T187			
		Title XIX	Subprovider - IRF	Cost	
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
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.259138	0	0	50.00
51.00	05100 RECOVERY ROOM	0.234518	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442475	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.019452	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123106	0	0	54.00
56.00	05600 RADIOISOTOPE	0.074085	0	0	56.00
57.00	05700 CT SCAN	0.032414	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.071003	0	0	59.00
60.00	06000 LABORATORY	0.097668	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.322189	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.098585	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.270390	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.135656	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.108412	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059456	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.908430	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376990	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246111	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.259693	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0.090710	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.000000	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.153305	0	0	76.03
76.04	03650 VASCULAR LAB	0.155573	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	3.866203	0	0	90.00
91.00	09100 EMERGENCY	0.145888	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.410948	0	0	92.00
93.00	04950 OTHER OP	0.152131	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 9:58 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)		8,117,398	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,345,572	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)		484,202	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		12,403,716	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.28	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)		8.67	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)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.05	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)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.073301	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.060473	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.060473	21.00
22.00	IME payment adjustment (see instructions)		1,087,145	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		402,972	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)		6.38	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)		1,087,145	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		402,972	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.93	31.00
32.00	Sum of lines 30 and 31		21.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.56	33.00
34.00	Disproportionate share adjustment (see instructions)		548,793	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 9:58 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)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.000217249	0.000189304	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,470,059	1,566,087	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		370,536	1,171,347	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,541,883		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		37,124,993		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)			37,527,965	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,978,453	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).			486,719	52.00
53.00	Nursing and Allied Health Managed Care payment			130,053	53.00
54.00	Special add-on payments for new technologies			6,034	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			108,770	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,237,994	59.00
60.00	Primary payer payments			12,380	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,225,614	61.00
62.00	Deductibles billed to program beneficiaries			3,072,454	62.00
63.00	Coinsurance billed to program beneficiaries			54,576	63.00
64.00	Allowable bad debts (see instructions)			755,057	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			490,787	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			627,419	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,589,371	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			175,315	70.93
70.94	HRR adjustment amount (see instructions)			-115,730	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 9:58 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,648,956	71.00	
71.01	Sequestration adjustment (see instructions)		772,979	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		37,932,788	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)		-56,811	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,924,002	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	0	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
	Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
	Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
	Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2019 9:58 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	8,117,398	8,117,398		8,117,398	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,345,572		25,345,572	25,345,572	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	484,202	70,397	413,805	484,202	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,403,716	2,504,993	9,898,723	12,403,716	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.060473	0.060473	0.060473		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,087,145	263,718	823,427	1,087,145	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	402,972	81,382	321,590	402,972	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	1,087,145	263,718	823,427	1,087,145	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	402,972	81,382	321,590	402,972	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0656	0.0656	0.0656		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	548,793	133,125	415,668	548,793	11.00
11.01	Uncompensated care payments	36.00	1,541,883	370,536	1,171,347	1,541,883	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	37,124,993	8,955,174	28,169,819	37,124,993	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	37,527,965	9,036,556	28,491,409	37,527,965	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,978,453	781,060	2,197,393	2,978,453	16.00
17.00	Special add-on payments for new technologies	54.00	6,034	0	6,034	6,034	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			9,817,616	30,694,836	40,512,452	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2019 9:58 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	2,703,843	655,992	2,047,851	2,703,843	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	88,586	79,935	8,651	88,586	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	0.0253	0.0253	0.0253		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	68,407	16,597	51,810	68,407	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0435	0.0435	0.0435		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	117,617	28,536	89,081	117,617	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,978,453	781,060	2,197,393	2,978,453	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	175,315	43,598	131,717	175,315	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	-115,730	-42,210	-73,520	-115,730	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,013	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,275,185	2.00
3.00	OPPS payments		18,036,815	3.00
4.00	Outlier payment (see instructions)		396,336	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		72,228	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,013	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,002	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)		61,002	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)		61,002	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,989	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)		15,013	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)		18,505,379	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,147,403	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)		15,372,989	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		317,889	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)		15,690,878	30.00
31.00	Primary payer payments		991	31.00
32.00	Subtotal (line 30 minus line 31)		15,689,887	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)		416,221	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		270,544	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		314,992	36.00
37.00	Subtotal (see instructions)		15,960,431	37.00
38.00	MSP-LCC reconciliation amount from PS&R		103	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)		15,960,328	40.00
40.01	Sequestration adjustment (see instructions)		319,207	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		15,516,846	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		124,275	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:14-0187 Component CCN:14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		290	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		619	2.00
3.00	OPPS payments		789	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		290	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,324	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,324	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,324	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,034	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)		290	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)		789	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)		116	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)		963	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)		963	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		963	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)		963	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		963	40.00
40.01	Sequestration adjustment (see instructions)		19	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		893	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		51	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/27/2019 9:58 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		37,768,369		15,491,747	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	06/17/2019	282,033	06/17/2019	37,617	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	02/20/2019	117,614	02/20/2019	12,518	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)		164,419		25,099	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)		37,932,788		15,516,846	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		124,275	6.01
6.02	SETTLEMENT TO PROGRAM		56,811		0	6.02
7.00	Total Medicare program liability (see instructions)		37,875,977		15,641,121	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: 14-0187

Period:

Worksheet E-1

Component CCN: 14-T187

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/27/2019 9:58 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,758,341		893	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/20/2019	8,243		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)		8,243		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,766,584		893	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		6,880		51	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,773,464		944	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: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/27/2019 9:58 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: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,740,513 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0350 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			153,361 3.00
4.00	Outlier Payments			4,561 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.964384 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,898,435 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,898,435 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,898,435 19.00
20.00	Deductibles			36,444 20.00
21.00	Subtotal (line 19 minus line 20)			3,861,991 21.00
22.00	Coinsurance			15,991 22.00
23.00	Subtotal (line 21 minus line 22)			3,846,000 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,846,000 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,473 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,850,473 32.00
32.01	Sequestration adjustment (see instructions)			77,009 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,766,584 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			6,880 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			4,561 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2019 9:58 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,610,875		1.00
2.00	Medical and other services			1,826,070	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,610,875	1,826,070	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,610,875	1,826,070	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,771,618	10,138,648	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		6,771,618	10,138,648	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		6,771,618	10,138,648	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,160,743	8,312,578	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,610,875	1,826,070	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,610,875	1,826,070	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,610,875	1,826,070	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,610,875	1,826,070	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-2,610,875	-1,826,070	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0		40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2019 9:58 am
		Title XIX	Subprovider - IRF	Cost
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/27/2019 9:58 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.05	6.00
7.00	Enter the lesser of line 5 or line 6			14.41	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	15.05	0.00	15.05	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.41	0.00	14.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.41	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.41	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.11	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.31	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	14.31	0.00		17.00
18.00	Per resident amount	92,261.54	92,261.54		18.00
19.00	Approved amount for resident costs	1,320,263	0	1,320,263	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.64	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,320,263	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,395	7,127		26.00
27.00	Total Inpatient Days (see instructions)	40,226	40,226		27.00
28.00	Ratio of inpatient days to total inpatient days	0.457291	0.177174		28.00
29.00	Program direct GME amount	603,744	233,916		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		33,052		30.00
31.00	Net Program direct GME amount			804,608	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,293,465	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		43,438,028	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		12,380	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		43,425,648	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		28,363,335	42.00
43.00	Primary payer payments (see instructions)		991	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		28,362,344	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		71,787,992	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.604915	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.395085	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		804,608	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		486,719	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		317,889	50.00

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

Provider CCN: 14-0187

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

Worksheet G

Date/Time Prepared:
11/27/2019 9:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,199,995	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	111,779,955	0	0	0	4.00
5.00	Other receivable	5,318,853	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-74,469,057	0	0	0	6.00
7.00	Inventory	4,824,227	0	0	0	7.00
8.00	Prepaid expenses	1,488,952	0	0	0	8.00
9.00	Other current assets	7,076,633	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,219,558	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,847,634	0	0	0	12.00
13.00	Land improvements	15,435,662	0	0	0	13.00
14.00	Accumulated depreciation	-1,887,542	0	0	0	14.00
15.00	Buildings	75,803,731	0	0	0	15.00
16.00	Accumulated depreciation	-8,123,277	0	0	0	16.00
17.00	Leasehold improvements	1,756,987	0	0	0	17.00
18.00	Accumulated depreciation	-170,166	0	0	0	18.00
19.00	Fixed equipment	97,335,526	0	0	0	19.00
20.00	Accumulated depreciation	-12,450,689	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	97,081,962	0	0	0	23.00
24.00	Accumulated depreciation	-52,970,017	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)	234,659,811	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,467,223	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	14,431,495	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,898,718	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,778,087	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,738,297	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,365,885	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,987,352	0	0	0	40.00
41.00	Deferred income	46,550	0	0	0	41.00
42.00	Accelerated payments	472,871	0	0	0	42.00
43.00	Due to other funds	489,920	0	0	0	43.00
44.00	Other current liabilities	13,451,611	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	52,552,486	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	134,103,361	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	380,710,990	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	514,814,351	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	567,366,837	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-257,588,750	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-257,588,750	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	309,778,087	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0187

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

Worksheet G-1

Date/Time Prepared:
11/27/2019 9:58 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		-213,770,988		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-21,983,149				2.00
3.00	Total (sum of line 1 and line 2)		-235,754,137		0		3.00
4.00	IDENTIFIED ON TRIAL BALANCE	-21,834,613		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)		-21,834,613		0		10.00
11.00	Subtotal (line 3 plus line 10)		-257,588,750		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-257,588,750		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	IDENTIFIED ON TRIAL BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0187

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2019 9:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,806,208		66,806,208	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,411,049		6,411,049	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,217,257		73,217,257	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,868,131		17,868,131	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)	17,868,131		17,868,131	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,085,388		91,085,388	17.00
18.00	Ancillary services	270,891,735	395,103,398	665,995,133	18.00
19.00	Outpatient services	16,001,949	63,626,420	79,628,369	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	3,168,565	117,024	3,285,589	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	381,147,637	458,846,842	839,994,479	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		232,026,496		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)		232,026,496		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet G-3 Date/Time Prepared: 11/27/2019 9:58 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			839,994,479 1.00
2.00	Less contractual allowances and discounts on patients' accounts			633,630,457 2.00
3.00	Net patient revenues (line 1 minus line 2)			206,364,022 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			232,026,496 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-25,662,474 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0 6.00
7.00	Income from investments			0 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 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			-235 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			1,318,239 22.00
23.00	Governmental appropriations			0 23.00
24.00	IDENTIFIED ON TRIAL BALANCE			2,361,321 24.00
25.00	Total other income (sum of lines 6-24)			3,679,325 25.00
26.00	Total (line 5 plus line 25)			-21,983,149 26.00
27.00	OTHER EXPENSES (SPECIFY)			0 27.00
28.00	Total other expenses (sum of line 27 and subscripts)			0 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			-21,983,149 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0187	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/27/2019 9:58 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,703,843	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		88,586	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)		98.00	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.53	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)		68,407	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.93	8.00
9.00	Sum of lines 7 and 8		21.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (see instructions)		117,617	11.00
12.00	Total prospective capital payments (see instructions)		2,978,453	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