

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/25/2020 10:55 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 6/25/2020	Time: 10:55 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE CHRIST HOSPITAL (14-0208) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT-REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	130,027	3,874,697	0	0	1.00
2.00	Subprovider - IPF	0	87,081	1,920		0	2.00
3.00	Subprovider - IRF	0	110,852	-1,595		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	327,960	3,875,022	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: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/25/2020 10:55 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 4440 WEST 95TH STREET			PO Box:				1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N
4.00	Subprovider - IPF			ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N
5.00	Subprovider - IRF			ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
6/25/2020 10:55 am

MCRIF32 - 16.1.168.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/25/2020 10:55 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	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		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02		
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1	60.03		
			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)					Y		63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/25/2020 10:55 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	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. 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)					64.00	
		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	
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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					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	4.39	15.75	0.217974	67.00
67.01		INTERNAL MEDICINE	1400	0.00	66.49	0.000000	67.01
67.02		OBSTETRICS	1750	0.00	12.19	0.000000	67.02
67.03		PEDIATRICS	2000	6.05	33.03	0.154811	67.03

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
				Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			1,402,411	37,203,860	7,084,578	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
				Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			02/02/2012			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			01/18/2013			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/19/2017			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/25/2020 10:55 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		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	
161.10	CORF			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	
						FTE/Campus	
						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)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/25/2020 10:55 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/25/2020 10:55 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	04/23/2019	Y 04/20/2017
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/25/2020 10:55 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		Y	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		N	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE	STRIEPLING	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765	DAVE.STRIEPLING@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/25/2020 10:55 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/25/2020 10:55 am

Component		Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
						Title V	
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	523	190,865	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)		523	190,865	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	127	46,173	0.00	0	8.00
8.01	NEONATAL INTENSIVE CARE UNIT	31.01	61	22,265	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		711	259,303	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00	SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		782				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)		24	8,760			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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/25/2020 10:55 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	50,019	12,321	172,373			1.00
2.00	HMO and other (see instructions)	46,756	35,965				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	50,019	12,321	172,373			7.00
8.00	INTENSIVE CARE UNIT	10,399	4,564	33,936			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	2,698	8,237			8.01
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,114	16,582			13.00
14.00	Total (see instructions)	60,418	21,697	231,128	236.63	4,924.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,943	1,010	8,172	0.00	51.63	16.00
17.00	SUBPROVIDER - IRF	4,995	312	11,266	0.00	74.05	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			960			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				236.63	5,050.40	27.00
28.00	Observation Bed Days		866	15,600			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	580	1,615			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/25/2020 10:55 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,936	2,823	41,237	1.00
2.00 HMO and other (see instructions)			7,413	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	9,936	2,823	41,237	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	188	145	1,192	16.00
17.00 SUBPROVIDER - IRF	0.00	0	382	16	841	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/25/2020 10:55 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	380,130,107	0	380,130,107	10,504,832.00	36.19
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	17,431,688	7,657	17,439,345	382,366.00	45.61
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,645,488	2,267,328	13,912,816	367,182.00	37.89
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,114,782	0	3,114,782	42,565.00	73.18
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,465,291	0	2,465,291	22,743.00	108.40
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		50,153,273	0	50,153,273	703,875.00	71.25
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		86,087,988	0	86,087,988		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,690,881	0	3,690,881		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,882,011	0	3,882,011		
25.50	Home office wage-related (core)		7,852,336	0	7,852,336		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/25/2020 10:55 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,996,915	-1,900,471	96,444	16,806.00	5.74	26.00
27.00	Administrative & General	5.00	23,811,850	802,238	24,614,088	594,942.00	41.37	27.00
28.00	Administrative & General under contract (see inst.)		4,438,367	0	4,438,367	25,787.00	172.12	28.00
29.00	Maintenance & Repairs	6.00	3,942,090	10,529	3,952,619	108,680.00	36.37	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	8,003,429	25,905	8,029,334	464,610.00	17.28	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,509,406	-29,999	6,479,407	342,347.00	18.93	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	519,631	0	519,631	11,835.00	43.91	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	15,032,788	-300,075	14,732,713	291,491.00	50.54	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,803,126	5,773	2,808,899	71,427.00	39.33	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
6/25/2020 10:55 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	367,136,786	-7,657	367,129,129	10,148,253.00	36.18	1.00
2.00	Excluded area salaries (see instructions)	11,645,488	2,267,328	13,912,816	367,182.00	37.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	355,491,298	-2,274,985	353,216,313	9,781,071.00	36.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	55,733,346	0	55,733,346	769,183.00	72.46	4.00
5.00	Subtotal wage-related costs (see inst.)	93,940,324	0	93,940,324	0.00	26.60	5.00
6.00	Total (sum of lines 3 thru 5)	505,164,968	-2,274,985	502,889,983	10,550,254.00	47.67	6.00
7.00	Total overhead cost (see instructions)	67,057,602	-1,386,100	65,671,502	1,927,925.00	34.06	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
6/25/2020 10:55 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	7,915,215	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)	7,082,400	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	561,168	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)	28,946,852	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	7,896,652	9.00
10.00	Dental, Hearing and Vision Plan	1,164,275	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	297,153	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)	3,544,511	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	6,056,100	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	258,137	16.00
TAXES			
17.00	FICA-Employers Portion Only	26,608,864	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	361,998	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))	324,536	21.00
22.00	Day Care Cost and Allowances	-6,939,986	22.00
23.00	Tuition Reimbursement	2,025,063	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	86,102,938	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,114,782	86,102,938	1.00
2.00	Hospital	3,114,782	84,204,065	2.00
3.00	Subprovider - IPF	0	790,276	3.00
4.00	Subprovider - IRF	0	1,108,597	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/25/2020 10:55 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.265663 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	224,566,179		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	818,176,017		6.00
7.00	Medicaid cost (line 1 times line 6)	217,359,095		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	60,270,100	8,660,293	68,930,393 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	16,011,536	8,660,293	24,671,829 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)	16,011,536	8,660,293	24,671,829 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)	39,695,863		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,544,235		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,914,207		27.01
28.00	Non-Medicare bad debt expense (see instructions)	35,781,656		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	10,875,834		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	35,547,663		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	35,547,663		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
6/25/2020 10:55 am

	Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	32,106,274	32,106,274	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	21,761,742	21,761,742	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,996,915	67,046,491	69,043,406	-1,900,471	67,142,935	4.00
5.01	00540	NONPATIENT TELEPHONES	501,422	2,077,678	2,579,100	7,339	2,586,439	5.01
5.02	00550	DATA PROCESSING	4,064	43,521,039	43,525,103	-1,031,530	42,493,573	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,311,786	3,103,691	5,415,477	136,691	5,552,168	5.03
5.04	00570	ADMITTING	164	59,083	59,247	-58,222	1,025	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,079	76,091,341	76,096,420	-2,128	76,094,292	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	20,989,335	137,711,752	158,701,087	-32,689,470	126,011,617	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,942,090	25,618,922	29,561,012	-192,212	29,368,800	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,594,746	3,594,746	-23,307	3,571,439	8.00
9.00	00900	HOUSEKEEPING	8,003,429	3,133,161	11,136,590	-43,153	11,093,437	9.00
10.00	01000	DIETARY	6,509,406	6,373,753	12,883,159	-373,113	12,510,046	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	519,631	639,835	1,159,466	-448,896	710,570	13.00
15.00	01500	PHARMACY	15,032,788	53,524,758	68,557,546	-46,836,707	21,720,839	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,423	91,423	-5,600	85,823	16.00
17.00	01700	SOCIAL SERVICE	2,803,126	1,171,763	3,974,889	5,758	3,980,647	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	17,431,688	0	17,431,688	7,657	17,439,345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25,011,004	25,011,004	-12,609,330	12,401,674	22.00
23.00	02300	ER PARAMEDIC TRNG	0	0	0	818,368	818,368	23.00
23.01	02301	PASTORAL CARE	0	0	0	135,721	135,721	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	378,788	378,788	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,160,388	51,332,436	161,492,824	-2,678,345	158,814,479	30.00
31.00	03100	INTENSIVE CARE UNIT	32,678,383	20,121,423	52,799,806	-8,472,274	44,327,532	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	14,646,297	5,119,198	19,765,495	-10,810,110	8,955,385	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,671,063	605,233	4,276,296	-91,498	4,184,798	40.00
41.00	04100	SUBPROVIDER - IRF	5,640,187	1,263,564	6,903,751	-303,055	6,600,696	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	11,347,697	11,347,697	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,093,922	123,878,931	160,972,853	-103,162,944	57,809,909	50.00
51.00	05100	RECOVERY ROOM	6,178,122	1,278,398	7,456,520	-585,253	6,871,267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,136,755	2,342,455	9,479,210	-1,632,193	7,847,017	52.00
53.00	05300	ANESTHESIOLOGY	972,225	1,809,270	2,781,495	-1,510,818	1,270,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,137,702	32,315,141	53,452,843	-26,805,199	26,647,644	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	12,116	34,562,517	34,574,633	-6,382,253	28,192,380	60.00
60.01	06001	BLOOD LABORATORY	0	5,645,457	5,645,457	-968,031	4,677,426	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	14,943,525	14,186,766	29,130,291	-8,644,756	20,485,535	65.00
66.00	06600	PHYSICAL THERAPY	6,741,094	16,496,220	23,237,314	-15,598,397	7,638,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,848,506	534,904	5,383,410	-120,506	5,262,904	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,155,192	943,788	5,098,980	-527,920	4,571,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	269,340	123,718	393,058	-40,780	352,278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	97,072,432	97,072,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	75,656,339	75,656,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,700,445	45,700,445	73.00
74.00	07400	RENAL DIALYSIS	2,181,487	1,214,300	3,395,787	-603,200	2,792,587	74.00
76.00	03020	DEV EVALUATION	3,110,862	476,046	3,586,908	-142,543	3,444,365	76.00
76.97	07697	CARDIAC REHABILITATION	875,424	121,007	996,431	-42,322	954,109	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	3,223,046	1,865,096	5,088,142	979,296	6,067,438	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	18,069,310	16,213,974	34,283,284	-5,734,704	28,548,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,531,889	1,790,361	3,322,250	-1,007,916	2,314,334	105.00
106.00	10600	HEART ACQUISITION	0	0	0	4,450,030	4,450,030	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	614,219	614,219	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	379,327,758	783,010,643	1,162,338,401	-900,360	1,161,438,041	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	480	0	480	190.00
190.01	19001	OTHER NONREIMB	802,349	946,999	1,749,348	900,360	2,649,708	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	380,130,107	783,958,122	1,164,088,229	0	1,164,088,229	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
6/25/2020 10:55 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	6,374,326	38,480,600	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,546,147	28,307,889	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,256,904	81,399,839	4.00
5.01	00540	NONPATIENT TELEPHONES	-1,113	2,585,326	5.01
5.02	00550	DATA PROCESSING	6,395,047	48,888,620	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-63,687	5,488,481	5.03
5.04	00570	ADMITTING	0	1,025	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-11,289	76,083,003	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-90,770,918	35,240,699	5.06
6.00	00600	MAINTENANCE & REPAIRS	-53,301	29,315,499	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,571,439	8.00
9.00	00900	HOUSEKEEPING	-4,232	11,089,205	9.00
10.00	01000	DIETARY	-3,747,760	8,762,286	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-6,583	703,987	13.00
15.00	01500	PHARMACY	-35,909	21,684,930	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25	85,798	16.00
17.00	01700	SOCIAL SERVICE	-638,372	3,342,275	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-630,164	16,809,181	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-649,127	11,752,547	22.00
23.00	02300	ER PARAMEDIC TRNG	0	818,368	23.00
23.01	02301	PASTORAL CARE	0	135,721	23.01
23.02	02302	PHARMACY RESIDENCY	0	378,788	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-27,459,268	131,355,211	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,523,779	41,803,753	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-73,286	8,882,099	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-5,711	4,179,087	40.00
41.00	04100	SUBPROVIDER - IRF	-131,844	6,468,852	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	11,347,697	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,555,149	50,254,760	50.00
51.00	05100	RECOVERY ROOM	-3,845	6,867,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,848	7,841,169	52.00
53.00	05300	ANESTHESIOLOGY	-118	1,270,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-95,983	26,551,661	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-684,027	27,508,353	60.00
60.01	06001	BLOOD LABORATORY	0	4,677,426	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-3,894,562	16,590,973	65.00
66.00	06600	PHYSICAL THERAPY	-50,816	7,588,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	-3,772	5,259,132	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,174	4,568,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	352,278	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	97,072,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,656,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,700,445	73.00
74.00	07400	RENAL DIALYSIS	-170	2,792,417	74.00
76.00	03020	DEV EVALUATION	-1,352	3,443,013	76.00
76.97	07697	CARDIAC REHABILITATION	-1,004	953,105	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-19,550	6,047,888	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-7,466,225	21,082,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-57,251	2,257,083	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	4,450,030	106.00
108.00	10800	LUNG ACQUISITION	0	614,219	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-113,075,790	1,048,362,251	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	190.00
190.01	19001	OTHER NONREIMB	-182,964	2,466,744	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-113,258,754	1,050,829,475	200.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
6/25/2020 10:55 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	75,656,339		1.00
	TOTALS		0	75,656,339		
	B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,700,445		1.00
	TOTALS		0	45,700,445		
	C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	172,728,771		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	249,092		2.00
3.00		0.00	0	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	114,398		4.00
7.00		0.00	0	0		7.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	173,092,261		
	D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	6,433,970	1,740,423		1.00
	TOTALS		6,433,970	1,740,423		
	E - RECLASS NURSERY					
1.00	NURSERY	43.00	2,900,716	272,588		1.00
	TOTALS		2,900,716	272,588		
	F - RECLASS PARAMEDICAL EDUCATION					
1.00	ER PARAMEDIC TRNG	23.00	558,164	260,204		1.00
	TOTALS		558,164	260,204		
	G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	118,465	17,256		1.00
	TOTALS		118,465	17,256		
	H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,900,256		1.00
	TOTALS		0	29,900,256		
	I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	21,712,431		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

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
6/25/2020 10:55 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	TOTALS		0	21,712,431		
	J - RECLASS LAND IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,674,525		1.00
	TOTALS		0	1,674,525		
	K - RECLASS LEASEHOLD IMP. DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	458,584		1.00
	TOTALS		0	458,584		
	L - RECLASS CAPITAL INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076		1.00
	TOTALS		0	29,076		
	M - RECLASS REMEDIATION COST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
	N - RECLASS VEHICLE DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	49,311		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	49,311		
	P - RECLASS PHARMACY RESIDENCY					
1.00	PHARMACY RESIDENCY	23.02	361,956	16,832		1.00
	TOTALS		361,956	16,832		
	Q - RECLASS KIDNEY TRANSP REL COST					
1.00	OPERATING ROOM	50.00	757,341	622,355		1.00
	TOTALS		757,341	622,355		
	R - HEART TRANSPL ACQUIS COST					
1.00	HEART ACQUISITION	106.00	1,412,063	2,836,038		1.00
	TOTALS		1,412,063	2,836,038		
	S - ADDITIONAL TRANSPLANT SALARY					
1.00	KIDNEY ACQUISITION	105.00	47,148	0		1.00
2.00	HEART ACQUISITION	106.00	71,167	0		2.00
3.00	LUNG ACQUISITION	108.00	7,593	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		125,908	0		
	T - TRANSPLANT DIRECTOR HEART SALARY					
1.00	HEART ACQUISITION	106.00	2,349	0		1.00
2.00	LUNG ACQUISITION	108.00	37,288	0		2.00
	TOTALS		39,637	0		
	U - RECLASS BONUS PAY					
1.00		0.00	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	9,650	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
6/25/2020 10:55 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	26,408	0	4.00
6.00	ADMINISTRATIVE AND GENERAL	5.06	947,012	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	10,529	0	7.00
8.00	HOUSEKEEPING	9.00	25,905	0	8.00
9.00	DIETARY	10.00	10,850	0	9.00
11.00	PHARMACY	15.00	80,343	0	11.00
13.00	SOCIAL SERVICE	17.00	10,003	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	7,657	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	342,345	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	67,042	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	11,749	0	17.00
18.00	SUBPROVIDER - IPF	40.00	24,800	0	18.00
19.00	SUBPROVIDER - IRF	41.00	22,639	0	19.00
20.00	OPERATING ROOM	50.00	83,851	0	20.00
21.00	RECOVERY ROOM	51.00	10,633	0	21.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	60,503	0	24.00
26.00	RESPIRATORY THERAPY	65.00	36,673	0	26.00
29.00	ELECTROCARDIOLOGY	69.00	11,470	0	29.00
31.00	RENAL DIALYSIS	74.00	10,178	0	31.00
32.00	DEV EVALUATION	76.00	11,461	0	32.00
35.00	EMERGENCY	91.00	33,491	0	35.00
36.00	KIDNEY ACQUISITION	105.00	18,986	0	36.00
37.00	OTHER NONREIMB	190.01	26,293	0	37.00
	TOTALS		1,900,471	0	
V - PAIN CENTER					
1.00	AMBULATORY CARE	90.03	885,491	314,805	1.00
	TOTALS		885,491	314,805	
W - NON TEACHING PEDS SPECIALISTS					
1.00	ADULTS & PEDIATRICS	30.00	0	12,601,308	1.00
	TOTALS		0	12,601,308	
X - GIFT OF HOPE PRE TRANSPL LAB FEES					
1.00	KIDNEY ACQUISITION	105.00	0	335,310	1.00
2.00	HEART ACQUISITION	106.00	0	103,433	2.00
3.00	LUNG ACQUISITION	108.00	0	18,815	3.00
	TOTALS		0	457,558	
Y - LUNG TRANSPLANT COSTS					
1.00	LUNG ACQUISITION	108.00	106,193	441,555	1.00
	TOTALS		106,193	441,555	
Z - MOVE SPA RESEARCH COSTS					
1.00	OTHER NONREIMB	190.01	249,202	627,989	1.00
2.00		0.00	0	0	2.00
	TOTALS		249,202	627,989	
AA - TRANSPL FIN COORD					
1.00	KIDNEY ACQUISITION	105.00	0	11,102	1.00
2.00	HEART ACQUISITION	106.00	0	24,980	2.00
3.00	LUNG ACQUISITION	108.00	0	2,775	3.00
	TOTALS		0	38,857	
500.00	Grand Total: Increases		15,849,577	368,564,829	500.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
6/25/2020 10:55 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	75,656,339	0		1.00
	TOTALS		0	75,656,339			
	B - RECLASS CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	45,700,445	0		1.00
	TOTALS		0	45,700,445			
	C - RECLASS MEDICAL SUPPLIES COST						
1.00	NONPATIENT TELEPHONES	5.01	0	2,268	0		1.00
2.00	DATA PROCESSING	5.02	0	152	0		2.00
3.00	ADMITTING	5.04	0	11	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	582	0		4.00
7.00	MAINTENANCE & REPAIRS	6.00	0	136	0		7.00
9.00	HOUSEKEEPING	9.00	0	6,670	0		9.00
10.00	DIETARY	10.00	0	17,138	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	59	0		11.00
12.00	PHARMACY	15.00	0	250,819	0		12.00
13.00	SOCIAL SERVICE	17.00	0	15	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,323	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	8,940,303	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	6,782,194	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,524,580	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	80,914	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	288,327	0		19.00
20.00	OPERATING ROOM	50.00	0	95,587,726	0		20.00
21.00	RECOVERY ROOM	51.00	0	417,910	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,401,660	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,449,056	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,511,675	0		24.00
25.00	LABORATORY	60.00	0	5,923,046	0		25.00
26.00	BLOOD LABORATORY	60.01	0	968,031	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	8,131,411	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	14,858,208	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	55,994	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	285,552	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,732	0		31.00
32.00	RENAL DIALYSIS	74.00	0	553,143	0		32.00
33.00	DEV EVALUATION	76.00	0	132,470	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	18,037	0		34.00
35.00	AMBULATORY CARE	90.03	0	169,713	0		35.00
36.00	EMERGENCY	91.00	0	3,715,039	0		36.00
37.00	KIDNEY ACQUISITION	105.00	0	1,129	0		37.00
38.00	OTHER NONREIMB	190.01	0	238	0		38.00
	TOTALS		0	173,092,261			
	D - RECLASS HOMEBOUND NURSERY						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	6,433,970	1,740,423	0		1.00
	TOTALS		6,433,970	1,740,423			
	E - RECLASS NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	2,900,716	272,588	0		1.00
	TOTALS		2,900,716	272,588			
	F - RECLASS PARAMEDICAL EDUCATION						
1.00	EMERGENCY	91.00	558,164	260,204	0		1.00
	TOTALS		558,164	260,204			
	G - RECLASS PASTORAL CARE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	118,465	17,256	0		1.00
	TOTALS		118,465	17,256			
	H - RECLASS BUILDING DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,900,256	9		1.00
	TOTALS		0	29,900,256			
	I - RECLASS EQUIPMENT DEPRECIATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	23,307	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	43	9		2.00
3.00	DATA PROCESSING	5.02	0	1,031,378	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,115	9		4.00
5.00	ADMITTING	5.04	0	58,211	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,546	9		6.00
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,493,044	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	202,605	9		8.00
9.00	HOUSEKEEPING	9.00	0	62,388	9		9.00
10.00	DIETARY	10.00	0	325,976	9		10.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
6/25/2020 10:55 am

	Decreases						6/25/2020 10:55 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	NURSING ADMINISTRATION	13.00	0	448,837	9		11.00
12.00	PHARMACY	15.00	0	568,536	9		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,600	9		13.00
14.00	I&R SERVICES-OTHER PRGM	22.00	0	2,699	9		14.00
	COSTS APPRVD						
15.00	ADULTS & PEDIATRICS	30.00	0	1,994,921	9		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,757,122	9		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,122,886	9		17.00
18.00	SUBPROVIDER - IPF	40.00	0	35,384	9		18.00
19.00	SUBPROVIDER - IRF	41.00	0	37,367	9		19.00
20.00	OPERATING ROOM	50.00	0	4,242,916	9		20.00
21.00	RECOVERY ROOM	51.00	0	177,976	9		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	230,533	9		22.00
23.00	ANESTHESIOLOGY	53.00	0	61,762	9		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,354,027	9		24.00
25.00	LABORATORY	60.00	0	1,649	9		25.00
26.00	RESPIRATORY THERAPY	65.00	0	550,018	9		26.00
27.00	PHYSICAL THERAPY	66.00	0	740,189	9		27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	64,512	9		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	253,838	9		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,048	9		30.00
31.00	RENAL DIALYSIS	74.00	0	60,235	9		31.00
32.00	DEV EVALUATION	76.00	0	21,534	9		32.00
33.00	CARDIAC REHABILITATION	76.97	0	24,285	9		33.00
34.00	AMBULATORY CARE	90.03	0	51,287	9		34.00
35.00	EMERGENCY	91.00	0	670,771	9		35.00
36.00		0.00	0	0	9		36.00
37.00	OTHER NONREIMB	190.01	0	2,886	0		37.00
	TOTALS		0	21,712,431			
J - RECLASS LAND IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,674,525	9		1.00
	TOTALS		0	1,674,525			
K - RECLASS LEASEHOLD IMP. DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	458,584	11		1.00
	TOTALS		0	458,584			
L - RECLASS CAPITAL INTEREST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076	11		1.00
	TOTALS		0	29,076			
M - RECLASS REMEDIATION COST							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11		1.00
	TOTALS		0	43,833			
N - RECLASS VEHICLE DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	49,311	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	49,311			
P - RECLASS PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	361,956	16,832	0		1.00
	TOTALS		361,956	16,832			
Q - RECLASS KIDNEY TRANSP REL COST							
1.00	KIDNEY ACQUISITION	105.00	757,341	622,355	0		1.00
	TOTALS		757,341	622,355			
R - HEART TRANSPL ACQUIS COST							
1.00	OPERATING ROOM	50.00	1,412,063	2,836,038	0		1.00
	TOTALS		1,412,063	2,836,038			
S - ADDITIONAL TRANSPLANT SALARY							
1.00	DIETARY	10.00	40,849	0	0		1.00
2.00	SOCIAL SERVICE	17.00	4,230	0	0		2.00
3.00	PHARMACY	15.00	18,462	0	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	62,367	0	0		4.00
	TOTALS		125,908	0			
T - TRANSPLANT DIRECTOR HEART SALARY							
1.00	KIDNEY ACQUISITION	105.00	39,637	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		39,637	0			
U - RECLASS BONUS PAY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,900,471	0	0		1.00
2.00		0.00	0	0	0		2.00
4.00		0.00	0	0	0		4.00
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

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0		11.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
24.00		0.00	0	0	0		24.00
26.00		0.00	0	0	0		26.00
29.00		0.00	0	0	0		29.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
	TOTALS		1,900,471	0			
	V - PAIN CENTER						
1.00	ADULTS & PEDIATRICS	30.00	885,491	314,805	0		1.00
	TOTALS		885,491	314,805			
	W - NON TEACHING PEDS SPECIALISTS						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	12,601,308	0		1.00
	COSTS APPRVD						
	TOTALS		0	12,601,308			
	X - GIFT OF HOPE PRE TRANSPL LAB FEES						
1.00	LABORATORY	60.00	0	457,558	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	457,558			
	Y - LUNG TRANSPLANT COSTS						
1.00	OPERATING ROOM	50.00	106,193	441,555	0		1.00
	TOTALS		106,193	441,555			
	Z - MOVE SPA RESEARCH COSTS						
1.00	ADULTS & PEDIATRICS	30.00	249,202	63,972	0		1.00
2.00	EMERGENCY	91.00	0	564,017	0		2.00
	TOTALS		249,202	627,989			
	AA - TRANSPL FIN COORD						
1.00	ADMINISTRATIVE AND GENERAL	5.00	0	38,857	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	38,857			
500.00	Grand Total: Decreases		15,849,577	368,564,829			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/25/2020 10:55 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	10,246,009	0	0	0	0	1.00	
2.00	Land Improvements	30,458,932	277,499	0	277,499	0	2.00	
3.00	Buildings and Fixtures	665,913,291	22,595,499	0	22,595,499	0	3.00	
4.00	Building Improvements	6,101,758	0	0	0	0	4.00	
5.00	Fixed Equipment	269,996,743	13,667,274	0	13,667,274	60,187,344	5.00	
6.00	Movable Equipment	439,698	60,376	0	60,376	187,497	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	983,156,431	36,600,648	0	36,600,648	60,374,841	8.00	
9.00	Reconciling Items	-137,785,692	3,824,608	0	3,824,608	-1,850	9.00	
10.00	Total (line 8 minus line 9)	1,120,942,123	32,776,040	0	32,776,040	60,376,691	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	10,246,009	0					1.00
2.00	Land Improvements	30,736,431	7,418,753					2.00
3.00	Buildings and Fixtures	688,508,790	140,871,467					3.00
4.00	Building Improvements	6,101,758	3,910,245					4.00
5.00	Fixed Equipment	223,476,673	80,781,086					5.00
6.00	Movable Equipment	312,577	121,014					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	959,382,238	233,102,565					8.00
9.00	Reconciling Items	-133,959,234	0					9.00
10.00	Total (line 8 minus line 9)	1,093,341,472	233,102,565					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
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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-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,093,028,894	0	1,093,028,894	0.999714	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	312,578	0	312,578	0.000286	0	2.00
3.00	Total (sum of lines 1-2)	1,093,341,472	0	1,093,341,472	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	37,949,107	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	28,307,889	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	66,256,996	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	531,493	0	0	0	38,480,600	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	28,307,889	2.00
3.00	Total (sum of lines 1-2)	531,493	0	0	0	66,788,489	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	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)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-47,650,831			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	-930,755			0	12.00
13.00	Laundry and linen service		0		0.00	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	A	-25	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	5,847,829	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-23,533	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-478,575	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
33.01	(3)		0		0.00	0	33.01
33.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.02
33.03	(3)		0		0.00	0	33.03
33.04	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.04
33.05	(3)		0		0.00	0	33.05
33.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.06
33.07	(3)		0		0.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.08
33.09	(3)		0		0.00	0	33.09
34.00	MISC REV	B	-10	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00	MISC REV	B	-600	NONPATIENT TELEPHONES	5.01	0	35.00
38.00	MISC REV		0		0.00	0	38.00
39.00	MISC REV	B	-864,261	ADMINISTRATIVE AND GENERAL	5.06	0	39.00
41.00	MISC REV		0		0.00	0	41.00
42.00	MISC REV	B	-3,746,776	DIETARY	10.00	0	42.00
43.00	MISC REV	B	-70	NURSING ADMINISTRATION	13.00	0	43.00
44.00	MISC REV	B	-10,320	PHARMACY	15.00	0	44.00
45.00	MISC REV	B	-355,085	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01	MISC REV		0		0.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.02
45.03	(3)		0		0.00	0	45.03
45.04	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.04
45.05	(3)		0		0.00	0	45.05
45.06	MISC REV	B	-204,255	ADULTS & PEDIATRICS	30.00	0	45.06
45.07	MISC REV		0		0.00	0	45.07
45.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.08
45.09	(3)		0		0.00	0	45.09
45.10	MISC REV	B	-53,475	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.10
45.11	MISC REV		0		0.00	0	45.11
45.12	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.12
45.13	(3)		0		0.00	0	45.13
45.14	MISC REV	B	-22,618	OPERATING ROOM	50.00	0	45.14
45.15	MISC REV		0		0.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.16
45.17	(3)		0		0.00	0	45.17
45.18	MISC REV	B	-53,605	RADIOLOGY-DIAGNOSTIC	54.00	0	45.18
45.19	MISC REV	B	-673,110	LABORATORY	60.00	0	45.19
45.20	MISC REV	B	-3,740	PHYSICAL THERAPY	66.00	0	45.20
45.21	MISC REV	B	-352	AMBULATORY CARE	90.03	0	45.21
45.22	MISC REV		0		0.00	0	45.22
45.23	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.23
45.24	(3)		0		0.00	0	45.24
45.25	NONALLOWABLE COSTS	A	-60,239	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.25
45.26	NON ALLOWABLE COST	A	-513	NONPATIENT TELEPHONES	5.01	0	45.26
45.27	NONALLOWABLE COSTS	A	-302	DATA PROCESSING	5.02	0	45.27
45.28	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.28
45.29	(3)		0		0.00	0	45.29
45.30	NONALLOWABLE COSTS	A	-63,687	PURCHASING RECEIVING AND STORES	5.03	0	45.30
45.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.31
45.32	(3)		0		0.00	0	45.32

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.30	NONALLOWABLE COSTS		0		0.00	0	45.30
45.31	NONALLOWABLE COST	A	-11,289	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.31
45.32	NONALLOWABLE COST	A	-9,398,097	ADMINISTRATIVE AND GENERAL	5.06	0	45.32
45.33	NONALLOWABLE COSTS	A	-53,301	MAINTENANCE & REPAIRS	6.00	0	45.33
45.34	NONALLOWABLE COSTS	A	-4,232	HOUSEKEEPING	9.00	0	45.34
45.35	NONALLOWABLE COSTS	A	-984	DIETARY	10.00	0	45.35
45.36	NONALLOWABLE COSTS	A	-6,513	NURSING ADMINISTRATION	13.00	0	45.36
45.37	NONALLOWABLE COSTS	A	-25,589	PHARMACY	15.00	0	45.37
45.38	NONALLOWABLE COSTS		0		0.00	0	45.38
45.39	NONALLOWABLE COSTS	A	-638,372	SOCIAL SERVICE	17.00	0	45.39
45.40	NONALLOWABLE COSTS	A	-294,042	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.40
45.41	NONALLOWABLE COSTS		0		0.00	0	45.41
45.42	NONALLOWABLE COSTS	A	-699,567	ADULTS & PEDIATRICS	30.00	0	45.42
45.43	NONALLOWABLE COSTS	A	-21,471	INTENSIVE CARE UNIT	31.00	0	45.43
45.44	NONALLOWABLE COSTS	A	-19,811	NEONATAL INTENSIVE CARE UNIT	31.01	0	45.44
45.45	NONALLOWABLE COSTS	A	-5,711	SUBPROVIDER - IPF	40.00	0	45.45
45.46	NONALLOWABLE COSTS	A	-26,153	SUBPROVIDER - IRF	41.00	0	45.46
45.47	NONALLOWABLE COSTS	A	-224,567	OPERATING ROOM	50.00	0	45.47
45.48	NONALLOWABLE COSTS	A	-3,845	RECOVERY ROOM	51.00	0	45.48
45.49	NONALLOWABLE COSTS	A	-5,848	DELIVERY ROOM & LABOR ROOM	52.00	0	45.49
45.50	NONALLOWABLE COSTS	A	-118	ANESTHESIOLOGY	53.00	0	45.50
45.51	NONALLOWABLE COSTS	A	-13,122	RADIOLOGY-DIAGNOSTIC	54.00	0	45.51
45.52	NONALLOWABLE COSTS	A	-10,917	LABORATORY	60.00	0	45.52
45.53	NONALLOWABLE COSTS	A	-2,174	ELECTROCARDIOLOGY	69.00	0	45.53
45.54	NONALLOWABLE COSTS	A	-118,483	RESPIRATORY THERAPY	65.00	0	45.54
45.55	NONALLOWABLE COSTS	A	-6,227	PHYSICAL THERAPY	66.00	0	45.55
45.56	NONALLOWABLE COSTS	A	-3,772	OCCUPATIONAL THERAPY	67.00	0	45.56
45.57	NONALLOWABLE COSTS		0		0.00	0	45.57
45.58	NONALLOWABLE COSTS	A	-170	RENAL DIALYSIS	74.00	0	45.58
45.59	NONALLOWABLE COSTS	A	-1,352	DEV EVALUATION	76.00	0	45.59
45.60	NONALLOWABLE COSTS	A	-1,004	CARDIAC REHABILITATION	76.97	0	45.60
45.61	NONALLOWABLE COST	A	-19,198	AMBULATORY CARE	90.03	0	45.61
45.62	NONALLOWABLE COSTS	A	-592,318	EMERGENCY	91.00	0	45.62
45.63	NONALLOWABLE COSTS	A	-57,251	KIDNEY ACQUISITION	105.00	0	45.63
45.64	NONALLOWABLE COSTS	A	-182,964	OTHER NONREIMB	190.01	0	45.64
45.65	PUBLIC RELATIONS	A	-135	ADMINISTRATIVE AND GENERAL	5.06	0	45.65
45.66	INTEREST OFFSET	A	-12,261,190	ADMINISTRATIVE AND GENERAL	5.06	0	45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	A	-37,512,408	ADMINISTRATIVE AND GENERAL	5.06	0	45.67
45.71	PENSION NON OPERATING COST	A	-1,365,300	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-113,258,754				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
6/25/2020 10:55 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	15,682,453	0	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	47,782,244	41,386,895	2.00
3.00	5.06	ADMINISTRATIVE AND GENERAL	A&G	27,202,709	57,307,443	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP.-B&F	526,497	0	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP.-M.E.	6,569,680	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
5.00	0		0	97,763,583	98,694,338	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	
				Name	Percentage of Ownership	

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

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

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

6.00	B		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
6/25/2020 10:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	15,682,453	0		1.00
2.00	6,395,349	0		2.00
3.00	-30,104,734	0		3.00
4.00	526,497	9		4.00
4.01	6,569,680	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-930,755			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			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: 14-0208

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

Worksheet A-8-2

Date/Time Prepared:
6/25/2020 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	617,383	617,383	0	177,200	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	630,164	630,164	0	177,200	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	26,076,871	26,076,871	0	177,200	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	2,502,308	2,502,308	0	177,200	0	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	154,100	0	5.00
6.00	41.00	SUBPROVIDER - IRF	105,691	105,691	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	7,307,964	7,307,964	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	29,256	29,256	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	3,776,079	3,776,079	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	40,849	40,849	0	177,200	0	10.00
11.00	91.00	EMERGENCY	6,564,266	6,564,266	0	208,000	0	11.00
12.00	106.00	HEART ACQUISITION	378,097	0	378,097	177,200	7,562	12.00
13.00	108.00	LUNG ACQUISITION	72,727	0	72,727	177,200	1,455	13.00
200.00			48,101,655	47,650,831	450,824		9,017	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	106.00	HEART ACQUISITION	644,224	32,211	0	0	0	12.00
13.00	108.00	LUNG ACQUISITION	123,955	6,198	0	0	0	13.00
200.00			768,179	38,409	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE AND GENERAL	0	0	0	617,383		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	630,164		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	26,076,871		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,502,308		4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	105,691		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,307,964		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	29,256		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	3,776,079		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	40,849		10.00
11.00	91.00	EMERGENCY	0	0	0	6,564,266		11.00
12.00	106.00	HEART ACQUISITION	0	644,224	0	0		12.00
13.00	108.00	LUNG ACQUISITION	0	123,955	0	0		13.00
200.00			0	768,179	0	47,650,831		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/25/2020 10:55 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	38,480,600	38,480,600			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	28,307,889	28,307,889			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	81,399,839	448,145	0	81,847,984	4.00
5.01	00540	NONPATIENT TELEPHONES	2,585,326	0	56	110,070	5.01
5.02	00550	DATA PROCESSING	48,888,620	60,860	1,344,674	875	29,342
5.03	00560	PURCHASING RECEIVING AND STORES	5,488,481	733	5,365	503,577	29,342
5.04	00570	ADMITTING	1,025	1,719	75,893	35	22,673
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	76,083,003	17,103	2,016	1,094	149,377
5.06	00590	ADMINISTRATIVE AND GENERAL	35,240,699	19,651,794	1,944,894	4,685,485	240,070
6.00	00600	MAINTENANCE & REPAIRS	29,315,499	4,531,778	264,149	851,276	136,040
8.00	00800	LAUNDRY & LINEN SERVICE	3,571,439	737	30,383	0	0
9.00	00900	HOUSEKEEPING	11,089,205	444	81,339	1,729,278	17,338
10.00	01000	DIETARY	8,762,286	81,603	424,996	1,395,470	58,684
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	703,987	862,509	585,178	111,913	36,010
15.00	01500	PHARMACY	21,684,930	404,631	737,148	3,172,984	44,013
16.00	01600	MEDICAL RECORDS & LIBRARY	85,798	5,318	7,301	0	69,354
17.00	01700	SOCIAL SERVICE	3,342,275	0	0	604,953	24,007
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,809,181	0	0	3,755,912	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,752,547	0	3,519	0	76,022
23.00	02300	ER PARAMEDIC TRNG	818,368	15,430	5,686	120,212	16,005
23.01	02301	PASTORAL CARE	135,721	2,308	1,683	25,514	6,669
23.02	02302	PHARMACY RESIDENCY	378,788	2,248	4,089	77,954	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	131,355,211	1,787,674	2,240,659	22,930,002	461,466
31.00	03100	INTENSIVE CARE UNIT	41,803,753	267,752	2,290,872	7,052,382	50,681
31.01	03101	NEONATAL INTENSIVE CARE UNIT	8,882,099	1,125,743	712,108	1,771,219	48,014
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	4,179,087	8,395	46,132	795,978	98,695
41.00	04100	SUBPROVIDER - IRF	6,468,852	18,581	48,718	1,219,603	30,676
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	11,347,697	1,250,912	1,049,686	2,010,411	44,013
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,254,760	1,653,121	5,525,047	7,843,099	170,716
51.00	05100	RECOVERY ROOM	6,867,422	28,269	232,039	1,332,872	10,670
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,841,169	49,371	300,561	1,537,043	33,343
53.00	05300	ANESTHESIOLOGY	1,270,559	0	80,523	209,388	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,551,661	2,794,777	6,980,394	4,565,457	209,394
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	27,508,353	265,040	2,150	2,609	121,369
60.01	06001	BLOOD LABORATORY	4,677,426	0	0	0	10,670
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,590,973	84	717,094	3,226,285	34,677
66.00	06600	PHYSICAL THERAPY	7,588,101	213,929	965,032	1,451,829	28,008
67.00	06700	OCCUPATIONAL THERAPY	5,259,132	3,288	84,108	1,044,223	64,019
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	4,568,886	656	330,945	897,374	49,348
70.00	07000	ELECTROENCEPHALOGRAPHY	352,278	33,489	36,568	58,008	6,669
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,072,432	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,656,339	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	45,700,445	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,792,417	234,271	78,532	472,019	0
76.00	03020	DEV EVALUATION	3,443,013	7,839	28,075	672,455	32,009
76.97	07697	CARDIAC REHABILITATION	953,105	0	31,662	188,540	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	6,047,888	16,438	129,297	884,856	65,352
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	21,082,355	2,589,042	868,841	3,778,588	133,372
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,257,083	23,518	0	172,521	1,334
106.00	10600	HEART ACQUISITION	4,450,030	0	6,714	319,949	5,335
108.00	10800	LUNG ACQUISITION	614,219	0	0	32,537	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,048,362,251	38,459,549	28,304,126	81,615,849	2,664,776
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	480	0	0	0	0
190.01	19001	OTHER NONREIMB	2,466,744	21,051	3,763	232,135	30,676
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,050,829,475	38,480,600	28,307,889	81,847,984	2,695,452

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS 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	50,324,371					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	6,027,498				5.03
5.04	00570	ADMITTING	0	0	101,345			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	20	0	76,252,613		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	61,762,942	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5	0	0	35,098,747	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,602,559	8.00
9.00	00900	HOUSEKEEPING	0	232	0	0	12,917,836	9.00
10.00	01000	DIETARY	0	597	0	0	10,723,636	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2	0	0	2,299,599	13.00
15.00	01500	PHARMACY	0	8,686	0	0	26,052,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	167,771	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	0	3,971,236	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	20,565,093	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	185	0	0	11,832,273	22.00
23.00	02300	ER PARAMEDIC TRNG	0	2,912	0	0	978,613	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	171,895	23.01
23.02	02302	PHARMACY RESIDENCY	0	48	0	0	463,127	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,142,687	297,772	18,188	10,822,712	177,056,371	30.00
31.00	03100	INTENSIVE CARE UNIT	2,705,529	236,176	7,988	4,099,460	58,514,593	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	806,201	25,885	2,380	1,221,569	14,595,218	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	294,767	2,818	870	446,635	5,873,377	40.00
41.00	04100	SUBPROVIDER - IRF	312,530	10,040	923	473,551	8,583,474	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	865,949	34,440	2,557	1,312,099	17,917,764	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,389,965	3,328,394	7,724	6,651,743	79,824,569	50.00
51.00	05100	RECOVERY ROOM	564,235	14,553	655	854,938	9,905,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	661,009	48,810	1,761	1,001,571	11,474,638	52.00
53.00	05300	ANESTHESIOLOGY	940,416	50,460	1,662	1,424,933	3,977,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,831,160	749,101	8,828	10,350,682	59,041,454	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,327,924	206,258	6,458	5,042,522	36,482,683	60.00
60.01	06001	BLOOD LABORATORY	767,253	33,710	1,823	1,162,553	6,653,435	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,970,575	283,160	5,527	2,985,846	25,814,221	65.00
66.00	06600	PHYSICAL THERAPY	963,409	517,407	1,613	1,459,773	13,189,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,069	1,950	616	615,282	7,478,687	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	937,305	9,944	1,609	1,420,219	8,216,286	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,767	443	217	126,926	698,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,118,057	0	4,514	3,209,314	102,404,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,112,815	0	7,023	4,716,586	83,492,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,206,510	0	14,451	10,919,753	63,841,159	73.00
74.00	07400	RENAL DIALYSIS	198,505	19,262	552	300,778	4,096,336	74.00
76.00	03020	DEV EVALUATION	124,399	4,613	140	188,492	4,501,035	76.00
76.97	07697	CARDIAC REHABILITATION	57,599	628	37	87,275	1,318,846	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	379,440	12,232	6	574,933	8,110,442	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,100,681	126,432	3,059	4,698,201	36,380,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	25,892	19	76	39,231	2,519,674	105.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	25,760	258	76	39,031	4,847,153	106.00
108.00	10800	LUNG ACQUISITION	3,963	12	12	6,005	656,748	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,324,371	6,027,465	101,345	76,252,613	1,048,074,593	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	0	33	0	0	2,754,402	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	50,324,371	6,027,498	101,345	76,252,613	1,050,829,475	202.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	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	ADMINISTRATIVE AND GENERAL	61,762,942					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,191,776	37,290,523				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	224,965	142,828	3,970,352			8.00
9.00	00900	HOUSEKEEPING	806,667	582,146	0	14,306,649		9.00
10.00	01000	DIETARY	669,648	1,506,491	0	589,430	13,489,205	10.00
11.00	01100	CAFETERIA	0	0	0	0	5,971,016	11.00
13.00	01300	NURSING ADMINISTRATION	143,601	125,833	0	49,233	0	13.00
15.00	01500	PHARMACY	1,626,868	532,648	0	208,404	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,477	187,617	0	73,407	0	16.00
17.00	01700	SOCIAL SERVICE	247,988	33,069	0	12,939	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,284,208	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	738,878	611,144	0	239,116	0	22.00
23.00	02300	ER PARAMEDIC TRNG	61,110	10,197	8,285	3,990	0	23.00
23.01	02301	PASTORAL CARE	10,734	30,874	0	12,080	0	23.01
23.02	02302	PHARMACY RESIDENCY	28,920	2,939	0	1,150	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,056,155	10,980,724	2,014,596	4,296,322	5,740,896	30.00
31.00	03100	INTENSIVE CARE UNIT	3,654,002	3,019,745	456,123	1,181,507	1,130,025	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	911,413	411,347	30,854	160,944	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	366,769	561,929	58,283	219,861	272,121	40.00
41.00	04100	SUBPROVIDER - IRF	536,004	700,473	78,088	274,067	375,147	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,118,893	1,116,105	59,521	436,687	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,984,725	5,286,121	114,474	2,068,250	0	50.00
51.00	05100	RECOVERY ROOM	618,568	866,846	0	339,162	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	716,545	2,096,816	89,243	820,401	0	52.00
53.00	05300	ANESTHESIOLOGY	248,407	100,624	0	39,370	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,686,903	3,455,983	520,825	1,352,189	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,278,198	820,039	27,697	320,849	0	60.00
60.01	06001	BLOOD LABORATORY	415,480	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,611,995	193,636	0	75,762	0	65.00
66.00	06600	PHYSICAL THERAPY	823,607	248,727	94,079	97,317	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	467,014	290,365	0	113,608	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	513,074	321,558	38,538	125,813	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,610	52,153	30,360	20,405	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,394,740	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,213,789	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,986,625	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	255,800	118,787	0	46,477	0	74.00
76.00	03020	DEV EVALUATION	281,072	298,154	0	116,656	0	76.00
76.97	07697	CARDIAC REHABILITATION	82,357	134,578	0	52,655	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	506,465	677,459	29,142	265,063	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,271,821	1,509,713	266,354	590,691	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	157,344	56,260	0	22,012	0	105.00
106.00	10600	HEART ACQUISITION	302,685	39,655	0	15,515	0	106.00

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	41,011	12,428	0	4,862	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,590,911	37,136,011	3,916,462	14,246,194	13,489,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	73,503	0	28,759	0	190.00
190.01	19001	OTHER NONREIMB	172,001	81,009	53,890	31,696	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	61,762,942	37,290,523	3,970,352	14,306,649	13,489,205	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,971,016					11.00
13.00	01300	NURSING ADMINISTRATION	7,880	2,626,146				13.00
15.00	01500	PHARMACY	194,085	0	28,614,397			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	439,272		16.00
17.00	01700	SOCIAL SERVICE	47,559	17,369	0	0	4,330,160	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	254,593	1,473	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,290	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	8,988	897	16,561	0	0	23.00
23.01	02301	PASTORAL CARE	2,770	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	5,470	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,019,792	1,086,299	602,513	62,181	3,489,094	30.00
31.00	03100	INTENSIVE CARE UNIT	588,141	352,416	680,304	23,553	676,819	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	131,015	73,583	21,896	7,018	164,247	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	71,504	36,963	30,042	2,566	0	40.00
41.00	04100	SUBPROVIDER - IRF	102,555	59,955	11,772	2,721	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	160,833	100,433	25,511	7,539	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	640,298	297,038	224,425	38,217	0	50.00
51.00	05100	RECOVERY ROOM	103,538	64,120	69,164	4,912	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	128,259	78,782	49,606	5,754	0	52.00
53.00	05300	ANESTHESIOLOGY	24,458	13,802	119,013	8,187	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	362,590	104,838	83,226	59,469	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	457	0	0	28,971	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	6,679	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	279,328	708	1,688	17,155	0	65.00
66.00	06600	PHYSICAL THERAPY	109,881	11,700	429	8,387	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	84,093	719	21	3,535	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	76,033	39,277	6,377	8,160	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,454	0	0	729	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,439	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	27,099	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25,669,095	63,909	0	73.00
74.00	07400	RENAL DIALYSIS	32,283	20,170	8,829	1,728	0	74.00
76.00	03020	DEV EVALUATION	49,262	0	0	1,083	0	76.00
76.97	07697	CARDIAC REHABILITATION	14,265	8,740	0	501	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	64,829	32,064	606,753	3,303	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	346,608	208,159	383,118	26,993	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,936	3,252	0	225	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	18,489	9,639	0	224	0	106.00
108.00	10800	LUNG ACQUISITION	5,470	3,106	0	35	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,949,716	2,625,502	28,611,633	439,272	4,330,160	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	21,300	644	2,764	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,971,016	2,626,146	28,614,397	439,272	4,330,160	202.00

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
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	22,105,367					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		13,422,701				22.00
23.00	02300	ER PARAMEDIC TRNG			1,088,641	1,088,641		23.00
23.01	02301	PASTORAL CARE			228,353		228,590	23.01
23.02	02302	PHARMACY RESIDENCY			501,606			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,135,756	6,761,794	236,302,493	245,106	157,981	30.00
31.00	03100	INTENSIVE CARE UNIT	2,159,920	1,311,535	73,748,683	76,477	30,645	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,078,028	654,594	18,240,157	18,915	7,438	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,493,415	7,771	7,379	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,724,256	11,121	10,173	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	20,943,286	21,718	14,974	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,376,082	2,050,006	98,904,205	102,564	0	50.00
51.00	05100	RECOVERY ROOM	0	0	11,971,963	12,415	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,460,044	16,032	0	52.00
53.00	05300	ANESTHESIOLOGY	171,944	104,407	4,808,153	4,986	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,728	4,692	68,679,897	71,221	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	39,958,894	41,437	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	7,075,594	7,337	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	27,994,493	29,030	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	14,583,228	15,123	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,438,042	8,750	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,345,116	9,691	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	852,076	884	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,817,496	112,844	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	88,733,651	92,017	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	93,560,788	97,023	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,580,410	4,750	0	74.00
76.00	03020	DEV EVALUATION	0	0	5,247,262	5,441	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,611,942	1,672	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	10,295,520	10,676	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,175,909	2,535,673	48,695,610	50,497	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
			SERVICES-SALAR	SERVICES-OTHER				
			Y & FRINGES	PRGM COSTS				
			21.00	22.00	22A	23.00	23.01	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	2,766,703	2,869	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,233,360	5,427	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	723,660	750	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,105,367	13,422,701	1,047,608,997	1,085,301	228,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	102,772	107	0	190.00
190.01	19001	OTHER NONREIMB	0	0	3,117,706	3,233	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	22,105,367	13,422,701	1,050,829,475	1,088,641	228,590	202.00

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Cost Center Description			PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
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	ER PARAMEDIC TRNG					23.00
23.01	02301	PASTORAL CARE					23.01
23.02	02302	PHARMACY RESIDENCY	502,126				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,579	236,716,159	-17,897,550	218,818,609	30.00
31.00	03100	INTENSIVE CARE UNIT	11,945	73,867,750	-3,471,455	70,396,295	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	384	18,266,894	-1,732,622	16,534,272	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	527	7,509,092	0	7,509,092	40.00
41.00	04100	SUBPROVIDER - IRF	207	10,745,757	0	10,745,757	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	448	20,980,426	0	20,980,426	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,940	99,010,709	-5,426,088	93,584,621	50.00
51.00	05100	RECOVERY ROOM	1,214	11,985,592	0	11,985,592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	871	15,476,947	0	15,476,947	52.00
53.00	05300	ANESTHESIOLOGY	2,090	4,815,229	-276,351	4,538,878	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,461	68,752,579	-12,420	68,740,159	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	40,000,331	0	40,000,331	60.00
60.01	06001	BLOOD LABORATORY	0	7,082,931	0	7,082,931	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	30	28,023,553	0	28,023,553	65.00
66.00	06600	PHYSICAL THERAPY	8	14,598,359	0	14,598,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,446,792	0	8,446,792	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	9,354,919	0	9,354,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	852,960	0	852,960	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,930,340	0	108,930,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	88,825,668	0	88,825,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	450,725	94,108,536	0	94,108,536	73.00
74.00	07400	RENAL DIALYSIS	155	4,585,315	0	4,585,315	74.00
76.00	03020	DEV EVALUATION	0	5,252,703	0	5,252,703	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,613,614	0	1,613,614	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	10,654	10,316,850	0	10,316,850	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,727	48,752,834	-6,711,582	42,041,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

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Cost Center Description			PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	2,769,572	0	2,769,572		105.00
106.00	10600	HEART ACQUISITION	0	5,238,787	0	5,238,787		106.00
108.00	10800	LUNG ACQUISITION	0	724,410	0	724,410		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	502,077	1,047,605,608	-35,528,068	1,012,077,540		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	102,879	0	102,879		190.00
190.01	19001	OTHER NONREIMB	49	3,120,988	0	3,120,988		190.01
190.02	19002	OTHER	0	0	0	0		190.02
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	502,126	1,050,829,475	-35,528,068	1,015,301,407		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Part II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	177,115	448,145	0	625,260	4.00
5.01	00540	NONPATIENT TELEPHONES	45	0	56	101	5.01
5.02	00550	DATA PROCESSING	125	60,860	1,344,674	1,405,659	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	733	5,365	6,098	5.03
5.04	00570	ADMITTING	0	1,719	75,893	77,612	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	466,751	17,103	2,016	485,870	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	416,889	19,651,794	1,944,894	22,013,577	5.06
6.00	00600	MAINTENANCE & REPAIRS	35,563	4,531,778	264,149	4,831,490	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	737	30,383	31,120	8.00
9.00	00900	HOUSEKEEPING	418	444	81,339	82,201	9.00
10.00	01000	DIETARY	35,157	81,603	424,996	541,756	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	862,509	585,178	1,447,687	13.00
15.00	01500	PHARMACY	2,660	404,631	737,148	1,144,439	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,220	5,318	7,301	48,839	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,133	0	0	2,133	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,519	3,519	22.00
23.00	02300	ER PARAMEDIC TRNG	0	15,430	5,686	21,116	23.00
23.01	02301	PASTORAL CARE	0	2,308	1,683	3,991	23.01
23.02	02302	PHARMACY RESIDENCY	0	2,248	4,089	6,337	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,090,962	1,787,674	2,240,659	6,119,295	30.00
31.00	03100	INTENSIVE CARE UNIT	62,026	267,752	2,290,872	2,620,650	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	13,544	1,125,743	712,108	1,851,395	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	8,395	46,132	54,527	40.00
41.00	04100	SUBPROVIDER - IRF	27,759	18,581	48,718	95,058	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,250,912	1,049,686	2,300,598	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,255,348	1,653,121	5,525,047	8,433,516	50.00
51.00	05100	RECOVERY ROOM	0	28,269	232,039	260,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	135	49,371	300,561	350,067	52.00
53.00	05300	ANESTHESIOLOGY	0	0	80,523	80,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	346,632	2,794,777	6,980,394	10,121,803	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	265,040	2,150	267,190	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	59,545	84	717,094	776,723	65.00
66.00	06600	PHYSICAL THERAPY	151,613	213,929	965,032	1,330,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	254	3,288	84,108	87,650	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,477	656	330,945	336,078	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72	33,489	36,568	70,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	234,271	78,532	312,803	74.00
76.00	03020	DEV EVALUATION	4,861	7,839	28,075	40,775	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	31,662	31,662	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	50,772	16,438	129,297	196,507	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,936	2,589,042	868,841	3,464,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
Directly Assigned New Capital Related Costs							
0			1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	95,182	23,518	0	118,700	105.00
106.00	10600	HEART ACQUISITION	0	0	6,714	6,714	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	249	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,343,194	38,459,549	28,304,126	72,106,869	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	275,391	21,051	3,763	300,205	190.01
190.02	19002	OTHER	0	0	0	0	190.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,618,585	38,480,600	28,307,889	72,407,074	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS 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	942					5.01
5.02	00550	DATA PROCESSING	10	1,405,676				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10	0	9,954			5.03
5.04	00570	ADMITTING	8	0	0	77,620		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	52	0	0	0	485,930	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	84	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	48	0	0	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6	0	0	0	0	9.00
10.00	01000	DIETARY	21	0	1	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13	0	0	0	0	13.00
15.00	01500	PHARMACY	15	0	14	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8	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	27	0	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	6	0	5	0	0	23.00
23.01	02301	PASTORAL CARE	2	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	161	199,519	496	13,653	69,210	30.00
31.00	03100	INTENSIVE CARE UNIT	18	75,575	393	6,144	26,216	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	17	22,520	43	1,831	7,812	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	34	8,234	5	669	2,856	40.00
41.00	04100	SUBPROVIDER - IRF	11	8,730	17	710	3,028	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15	24,189	57	1,967	8,391	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60	122,627	5,459	5,942	42,537	50.00
51.00	05100	RECOVERY ROOM	4	15,761	24	504	5,467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12	18,464	81	1,355	6,405	52.00
53.00	05300	ANESTHESIOLOGY	0	26,269	84	1,279	9,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73	190,817	1,248	6,790	66,191	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	42	92,960	344	4,968	32,246	60.00
60.01	06001	BLOOD LABORATORY	4	21,432	56	1,402	7,434	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	12	55,045	472	4,251	19,094	65.00
66.00	06600	PHYSICAL THERAPY	10	26,911	862	1,241	9,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	22	11,343	3	474	3,935	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17	26,182	17	1,238	9,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	2,340	1	167	812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	59,165	0	3,472	20,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	86,951	0	5,402	30,162	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	201,247	0	11,116	68,136	73.00
74.00	07400	RENAL DIALYSIS	0	5,545	32	425	1,923	74.00
76.00	03020	DEV EVALUATION	11	3,475	8	108	1,205	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,609	1	28	558	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	23	10,599	20	4	3,677	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	47	86,613	211	2,353	30,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	723	0	59	251	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
106.00	10600	HEART ACQUISITION	2	720	0	59	250	106.00
108.00	10800	LUNG ACQUISITION	0	111	0	9	38	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	931	1,405,676	9,954	77,620	485,930	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	11	0	0	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	942	1,405,676	9,954	77,620	485,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	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	ADMINISTRATIVE AND GENERAL	22,049,449					5.06
6.00	00600	MAINTENANCE & REPAIRS	782,456	5,620,496				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,312	21,527	132,959			8.00
9.00	00900	HOUSEKEEPING	287,977	87,742	0	471,134		9.00
10.00	01000	DIETARY	239,062	227,061	0	19,411	1,037,971	10.00
11.00	01100	CAFETERIA	0	0	0	0	459,459	11.00
13.00	01300	NURSING ADMINISTRATION	51,265	18,966	0	1,621	0	13.00
15.00	01500	PHARMACY	580,786	80,282	0	6,863	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,740	28,278	0	2,417	0	16.00
17.00	01700	SOCIAL SERVICE	88,531	4,984	0	426	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	458,458	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	263,777	92,113	0	7,874	0	22.00
23.00	02300	ER PARAMEDIC TRNG	21,816	1,537	277	131	0	23.00
23.01	02301	PASTORAL CARE	3,832	4,653	0	398	0	23.01
23.02	02302	PHARMACY RESIDENCY	10,324	443	0	38	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,947,307	1,655,033	67,461	141,482	441,752	30.00
31.00	03100	INTENSIVE CARE UNIT	1,304,466	455,142	15,275	38,908	86,954	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	325,371	61,999	1,033	5,300	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	130,935	84,695	1,952	7,240	20,939	40.00
41.00	04100	SUBPROVIDER - IRF	191,351	105,577	2,615	9,025	28,867	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	399,441	168,221	1,993	14,381	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,779,529	796,734	3,834	68,110	0	50.00
51.00	05100	RECOVERY ROOM	220,827	130,653	0	11,169	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	255,804	316,036	2,989	27,017	0	52.00
53.00	05300	ANESTHESIOLOGY	88,680	15,166	0	1,297	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,316,211	520,892	17,442	44,529	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	813,308	123,598	928	10,566	0	60.00
60.01	06001	BLOOD LABORATORY	148,325	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	575,476	29,185	0	2,495	0	65.00
66.00	06600	PHYSICAL THERAPY	294,025	37,489	3,151	3,205	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	166,722	43,764	0	3,741	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	183,166	48,466	1,291	4,143	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,569	7,861	1,017	672	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,282,899	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,861,304	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,423,211	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	91,320	17,904	0	1,531	0	74.00
76.00	03020	DEV EVALUATION	100,342	44,938	0	3,842	0	76.00
76.97	07697	CARDIAC REHABILITATION	29,401	20,284	0	1,734	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	180,806	102,108	976	8,729	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	811,032	227,547	8,920	19,452	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	56,171	8,480	0	725	0	105.00
106.00	10600	HEART ACQUISITION	108,058	5,977	0	511	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	14,641	1,873	0	160	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,988,034	5,597,208	131,154	469,143	1,037,971	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	11,078	0	947	0	190.00
190.01	19001	OTHER NONREIMB	61,404	12,210	1,805	1,044	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	22,049,449	5,620,496	132,959	471,134	1,037,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	459,459					11.00
13.00	01300	NURSING ADMINISTRATION	606	1,521,013				13.00
15.00	01500	PHARMACY	14,934	0	1,851,568			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	83,298		16.00
17.00	01700	SOCIAL SERVICE	3,660	10,060	0	0	112,290	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,590	853	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	83	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	692	519	1,072	0	0	23.00
23.01	02301	PASTORAL CARE	213	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	421	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,419	629,162	38,988	11,895	90,480	30.00
31.00	03100	INTENSIVE CARE UNIT	45,256	204,112	44,021	4,506	17,551	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	10,081	42,618	1,417	1,343	4,259	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,502	21,408	1,944	491	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,891	34,725	762	520	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,376	58,169	1,651	1,442	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,270	172,039	14,522	7,311	0	50.00
51.00	05100	RECOVERY ROOM	7,967	37,137	4,475	940	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,869	45,629	3,210	1,101	0	52.00
53.00	05300	ANESTHESIOLOGY	1,882	7,994	7,701	1,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,901	60,720	5,385	11,377	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	35	0	0	5,542	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,278	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,494	410	109	3,282	0	65.00
66.00	06600	PHYSICAL THERAPY	8,455	6,777	28	1,604	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,471	417	1	676	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,851	22,748	413	1,561	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	497	0	0	140	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,527	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,184	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,660,983	11,489	0	73.00
74.00	07400	RENAL DIALYSIS	2,484	11,682	571	331	0	74.00
76.00	03020	DEV EVALUATION	3,791	0	0	207	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,098	5,062	0	96	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,988	18,571	39,262	632	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	26,671	120,562	24,791	5,164	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	611	1,884	0	43	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	1,423	5,583	0	43	0	106.00
108.00	10800	LUNG ACQUISITION	421	1,799	0	7	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	457,820	1,520,640	1,851,389	83,298	112,290	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	1,639	373	179	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	459,459	1,521,013	1,851,568	83,298	112,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
			23.00	23.01	23.02			
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
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	509,722					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		367,393				22.00
23.00	02300	ER PARAMEDIC TRNG			48,089			23.00
23.01	02301	PASTORAL CARE				13,284		23.01
23.02	02302	PHARMACY RESIDENCY					18,158	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	BLOOD LABORATORY						60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	DEV EVALUATION						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	FAMILY PRACTICES						90.01
90.02	09002	WOMEN'S HEALTH CENTER						90.02
90.03	09003	AMBULATORY CARE						90.03
90.04	09004	OTHER						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF						99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	OTHER NONREIMB						190.01
190.02	19002	OTHER						190.02
200.00		Cross Foot Adjustments	509,722	367,393	48,089	13,284	18,158	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	509,722	367,393	48,089	13,284	18,158	202.00

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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	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
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	ER PARAMEDIC TRNG				23.00
23.01	02301	PASTORAL CARE				23.01
23.02	02302	PHARMACY RESIDENCY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,756,555	0	13,756,555	30.00
31.00	03100	INTENSIVE CARE UNIT	4,999,053	0	4,999,053	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	2,350,568	0	2,350,568	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	347,511	0	347,511	40.00
41.00	04100	SUBPROVIDER - IRF	498,202	0	498,202	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,008,247	0	3,008,247	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,561,396	0	11,561,396	50.00
51.00	05100	RECOVERY ROOM	705,417	0	705,417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,049,779	0	1,049,779	52.00
53.00	05300	ANESTHESIOLOGY	243,152	0	243,152	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,426,250	0	12,426,250	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	1,351,747	0	1,351,747	60.00
60.01	06001	BLOOD LABORATORY	179,931	0	179,931	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,512,690	0	1,512,690	65.00
66.00	06600	PHYSICAL THERAPY	1,734,756	0	1,734,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	333,195	0	333,195	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	647,107	0	647,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,650	0	99,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,369,586	0	2,369,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,989,003	0	1,989,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,376,182	0	3,376,182	73.00
74.00	07400	RENAL DIALYSIS	450,156	0	450,156	74.00
76.00	03020	DEV EVALUATION	203,838	0	203,838	76.00
76.97	07697	CARDIAC REHABILITATION	92,973	0	92,973	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003	AMBULATORY CARE	573,661	0	573,661	90.03
90.04	09004	OTHER	0	0	0	90.04
91.00	09100	EMERGENCY	4,857,087	0	4,857,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	188,965	0	188,965		105.00
106.00	10600	HEART ACQUISITION	131,784	0	131,784		106.00
108.00	10800	LUNG ACQUISITION	19,308	0	19,308		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,057,749	0	71,057,749		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,036	0	12,036		190.00
190.01	19001	OTHER NONREIMB	380,643	0	380,643		190.01
190.02	19002	OTHER	0	0	0		190.02
200.00		Cross Foot Adjustments	956,646	0	956,646		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	72,407,074	0	72,407,074		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
		NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	37,076,395				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		21,712,428			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	431,792	0	380,033,663		4.00
5.01	00540	NONPATIENT TELEPHONES	0	43	511,072	2,021	5.01
5.02	00550	DATA PROCESSING	58,639	1,031,378	4,064	22	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	706	4,115	2,338,194	22	5.03
5.04	00570	ADMITTING	1,656	58,211	164	17	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,479	1,546	5,079	112	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	18,934,671	1,491,753	21,755,515	180	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,366,409	202,605	3,952,619	102	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	710	23,304	0	0	8.00
9.00	00900	HOUSEKEEPING	428	62,388	8,029,334	13	9.00
10.00	01000	DIETARY	78,625	325,976	6,479,407	44	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	831,035	448,837	519,631	27	13.00
15.00	01500	PHARMACY	389,866	565,400	14,732,713	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,124	5,600	0	52	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,808,899	18	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	17,439,345	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,699	0	57	22.00
23.00	02300	ER PARAMEDIC TRNG	14,867	4,361	558,164	12	23.00
23.01	02301	PASTORAL CARE	2,224	1,291	118,465	5	23.01
23.02	02302	PHARMACY RESIDENCY	2,166	3,136	361,956	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,722,440	1,718,608	106,467,324	346	30.00
31.00	03100	INTENSIVE CARE UNIT	257,981	1,757,122	32,745,425	38	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,084,664	546,194	8,224,076	36	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,089	35,384	3,695,863	74	40.00
41.00	04100	SUBPROVIDER - IRF	17,903	37,367	5,662,826	23	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,205,265	805,120	9,334,686	33	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,592,797	4,237,766	36,416,858	128	50.00
51.00	05100	RECOVERY ROOM	27,237	177,976	6,188,755	8	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,569	230,533	7,136,755	25	52.00
53.00	05300	ANESTHESIOLOGY	0	61,762	972,225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,692,793	5,354,027	21,198,205	157	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	255,368	1,649	12,116	91	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	8	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	81	550,018	14,980,198	26	65.00
66.00	06600	PHYSICAL THERAPY	206,123	740,189	6,741,094	21	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,168	64,512	4,848,506	48	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	632	253,838	4,166,662	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,267	28,048	269,340	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	225,722	60,235	2,191,665	0	74.00
76.00	03020	DEV EVALUATION	7,553	21,534	3,122,323	24	76.00
76.97	07697	CARDIAC REHABILITATION	0	24,285	875,424	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	15,838	99,172	4,108,537	49	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,494,565	666,410	17,544,637	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
			NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
			1.00	2.00				
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,660	0	801,045	1	1,960,000	105.00
106.00	10600	HEART ACQUISITION	0	5,150	1,485,579	4	1,950,000	106.00
108.00	10800	LUNG ACQUISITION	0	0	151,074	0	300,000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,056,112	21,709,542	378,955,819	1,998	3,809,630,155	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	20,283	2,886	1,077,844	23	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	38,480,600	28,307,889	81,847,984	2,695,452	50,324,371	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.037873	1.303764	0.215370	1,333.721920	0.013210	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			625,260	942	1,405,676	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001645	0.466106	0.000369	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. 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	173,089,841					5.03
5.04	00570	ADMITTING	11	2,620,045,332				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	582	0	3,809,630,155			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	-61,762,942	989,066,533	5.06
6.00	00600	MAINTENANCE & REPAIRS	136	0	0	0	35,098,747	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,602,559	8.00
9.00	00900	HOUSEKEEPING	6,670	0	0	0	12,917,836	9.00
10.00	01000	DIETARY	17,138	0	0	0	10,723,636	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	59	0	0	0	2,299,599	13.00
15.00	01500	PHARMACY	249,433	0	0	0	26,052,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	167,771	16.00
17.00	01700	SOCIAL SERVICE	15	0	0	0	3,971,236	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	20,565,093	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,323	0	0	0	11,832,273	22.00
23.00	02300	ER PARAMEDIC TRNG	83,625	0	0	0	978,613	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	171,895	23.01
23.02	02302	PHARMACY RESIDENCY	1,386	0	0	0	463,127	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,551,002	487,842,519	540,703,024	0	177,056,371	30.00
31.00	03100	INTENSIVE CARE UNIT	6,782,194	204,809,138	204,809,138	0	58,514,593	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	743,334	61,029,635	61,029,635	0	14,595,218	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	80,914	22,313,910	22,313,910	0	5,873,377	40.00
41.00	04100	SUBPROVIDER - IRF	288,327	23,658,613	23,658,613	0	8,583,474	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	989,009	65,552,500	65,552,500	0	17,917,764	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,580,557	198,056,147	332,321,310	0	79,824,569	50.00
51.00	05100	RECOVERY ROOM	417,910	16,798,366	42,712,731	0	9,905,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,401,660	45,156,444	50,038,528	0	11,474,638	52.00
53.00	05300	ANESTHESIOLOGY	1,449,056	42,621,989	71,189,698	0	3,977,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,511,675	226,347,647	517,120,394	0	59,041,454	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,923,046	165,588,260	251,924,579	0	36,482,683	60.00
60.01	06001	BLOOD LABORATORY	968,031	46,743,442	58,081,194	0	6,653,435	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	8,131,411	141,710,098	149,172,978	0	25,814,221	65.00
66.00	06600	PHYSICAL THERAPY	14,858,208	41,361,903	72,930,313	0	13,189,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,994	15,789,420	30,739,506	0	7,478,687	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	285,552	41,268,951	70,954,171	0	8,216,286	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,732	5,554,925	6,341,215	0	698,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	115,747,401	160,337,415	0	102,404,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	180,070,686	235,640,771	0	83,492,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	370,533,461	545,598,426	0	63,841,159	73.00
74.00	07400	RENAL DIALYSIS	553,143	14,161,365	15,026,860	0	4,096,336	74.00
76.00	03020	DEV EVALUATION	132,470	3,589,358	9,417,056	0	4,501,035	76.00
76.97	07697	CARDIAC REHABILITATION	18,037	943,755	4,360,252	0	1,318,846	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	351,251	145,853	28,723,689	0	8,110,442	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,630,716	78,439,546	234,722,249	0	36,380,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	543	1,960,000	1,960,000	0	2,519,674	105.00
106.00	10600	HEART ACQUISITION	7,415	1,950,000	1,950,000	0	4,847,153	106.00
108.00	10800	LUNG ACQUISITION	340	300,000	300,000	0	656,748	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,088,905	2,620,045,332	3,809,630,155	-61,762,942	986,311,651	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	480	190.00
190.01	19001	OTHER NONREIMB	936	0	0	0	2,754,402	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	6,027,498	101,345	76,252,613		61,762,942	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.034823	0.000039	0.020016		0.062446	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,954	77,620	485,930		22,049,449	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000058	0.000030	0.000128		0.022293	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:

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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
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	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,053,225				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,034	4,646,040			8.00
9.00	00900	HOUSEKEEPING	16,442	0	1,032,749		9.00
10.00	01000	DIETARY	42,549	0	42,549	1,739,138	10.00
11.00	01100	CAFETERIA	0	0	769,832	431,140	11.00
13.00	01300	NURSING ADMINISTRATION	3,554	0	3,554	0	13.00
15.00	01500	PHARMACY	15,044	0	15,044	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,299	0	5,299	0	16.00
17.00	01700	SOCIAL SERVICE	934	0	934	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	18,383	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,261	0	17,261	0	22.00
23.00	02300	ER PARAMEDIC TRNG	288	9,695	288	0	23.00
23.01	02301	PASTORAL CARE	872	0	872	0	23.01
23.02	02302	PHARMACY RESIDENCY	83	0	83	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	310,137	2,357,448	310,137	740,163	30.00
31.00	03100	INTENSIVE CARE UNIT	85,289	533,748	85,289	145,692	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	11,618	36,105	11,618	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	15,871	68,202	15,871	35,084	40.00
41.00	04100	SUBPROVIDER - IRF	19,784	91,377	19,784	48,367	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	31,523	69,650	31,523	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	149,300	133,955	149,300	0	50.00
51.00	05100	RECOVERY ROOM	24,483	0	24,483	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,222	104,431	59,222	0	52.00
53.00	05300	ANESTHESIOLOGY	2,842	0	2,842	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,610	609,461	97,610	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	23,161	32,410	23,161	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,469	0	5,469	0	65.00
66.00	06600	PHYSICAL THERAPY	7,025	110,090	7,025	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,201	0	8,201	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,082	45,096	9,082	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,473	35,527	1,473	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,355	0	3,355	0	74.00
76.00	03020	DEV EVALUATION	8,421	0	8,421	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,801	0	3,801	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	19,134	34,101	19,134	0	90.03
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	42,640	311,683	42,640	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,589	0	1,589	0	573
106.00	10600	HEART ACQUISITION	1,120	0	1,120	0	1,335
108.00	10800	LUNG ACQUISITION	351	0	351	0	395
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,048,861	4,582,979	1,028,385	1,739,138	429,602
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	2,076	0	0
190.01	19001	OTHER NONREIMB	2,288	63,061	2,288	0	1,538
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	37,290,523	3,970,352	14,306,649	13,489,205	5,971,016
203.00		Unit cost multiplier (Wkst. B, Part I)	35.406037	0.854567	13.852978	7.756259	13.849367
204.00		Cost to be allocated (per Wkst. B, Part II)	5,620,496	132,959	471,134	1,037,971	459,459
205.00		Unit cost multiplier (Wkst. B, Part II)	5.336463	0.028618	0.456194	0.596831	1.065684
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			NURSING ADMINISTRATION (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
			13.00	15.00	16.00	17.00	21.00	
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	6,520,284					13.00
15.00	01500	PHARMACY	0	51,209,669				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,809,630,155			16.00
17.00	01700	SOCIAL SERVICE	43,125	0	0	71,841		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,656	0	0	0	22,884	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,308	0	0	0	22.00
23.00	02300	ER PARAMEDIC TRNG	2,226	29,639	0	0	0	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,697,101	1,078,286	540,703,024	57,887	11,528	30.00
31.00	03100	INTENSIVE CARE UNIT	874,990	1,217,505	204,809,138	11,229	2,236	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	182,694	39,186	61,029,635	2,725	1,116	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	91,772	53,764	22,313,910	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	148,858	21,068	23,658,613	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	249,359	45,656	65,552,500	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	737,496	401,641	332,321,310	0	3,495	50.00
51.00	05100	RECOVERY ROOM	159,199	123,779	42,712,731	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	195,603	88,778	50,038,528	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,268	212,992	71,189,698	0	178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,294	148,946	517,120,394	0	8	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	251,924,579	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	58,081,194	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,759	3,021	149,172,978	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,050	768	72,930,313	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,786	37	30,739,506	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	97,518	11,412	70,954,171	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,341,215	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	160,337,415	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	235,640,771	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,938,614	545,598,426	0	0	73.00
74.00	07400	RENAL DIALYSIS	50,078	15,800	15,026,860	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	9,417,056	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,701	0	4,360,252	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	79,609	1,085,875	28,723,689	0	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	516,824	685,647	234,722,249	0	4,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
		(NURSING HOURS)					
		13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	8,075	0	1,960,000	0	0	105.00
106.00	10600 HEART ACQUISITION	23,932	0	1,950,000	0	0	106.00
108.00	10800 LUNG ACQUISITION	7,711	0	300,000	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,518,684	51,204,722	3,809,630,155	71,841	22,884	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	1,600	4,947	0	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	2,626,146	28,614,397	439,272	4,330,160	22,105,367	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.402766	0.558769	0.000115	60.274217	965.974786	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,521,013	1,851,568	83,298	112,290	509,722	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.233274	0.036157	0.000022	1.563035	22.274165	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: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)	
			22.00	23A	23.00	23.01	23.02	
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	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
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	22,884					22.00
23.00	02300	ER PARAMEDIC TRNG		-1,088,641	1,049,740,834			23.00
23.01	02301	PASTORAL CARE		0		253,141		23.01
23.02	02302	PHARMACY RESIDENCY		0			51,177,722	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,528	0	236,302,493	174,948	1,078,286	30.00
31.00	03100	INTENSIVE CARE UNIT	2,236	0	73,748,683	33,936	1,217,505	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,116	0	18,240,157	8,237	39,186	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,493,415	8,172	53,764	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,724,256	11,266	21,068	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	20,943,286	16,582	45,656	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,495	0	98,904,205	0	401,641	50.00
51.00	05100	RECOVERY ROOM	0	0	11,971,963	0	123,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,460,044	0	88,778	52.00
53.00	05300	ANESTHESIOLOGY	178	0	4,808,153	0	212,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8	0	68,679,897	0	148,946	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	39,958,894	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	7,075,594	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	27,994,493	0	3,021	65.00
66.00	06600	PHYSICAL THERAPY	0	0	14,583,228	0	768	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,438,042	0	37	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,345,116	0	11,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	852,076	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,817,496	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	88,733,651	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	93,560,788	0	45,938,614	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,580,410	0	15,800	74.00
76.00	03020	DEV EVALUATION	0	0	5,247,262	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,611,942	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	10,295,520	0	1,085,875	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	4,323	0	48,695,610	0	685,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	PHARMACY RESIDENCY (DRUGS)		
			SERVICES-OTHER PRGM COSTS (IR TIME)						
			22.00						23A
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	2,766,703	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	5,233,360	0	0	106.00	
108.00	10800	LUNG ACQUISITION	0	0	723,660	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,884	-1,088,641	1,046,520,356	253,141	51,172,775	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	102,772	0	0	190.00	
190.01	19001	OTHER NONREIMB	0	0	3,117,706	0	4,947	190.01	
190.02	19002	OTHER	0	0	0	0	0	190.02	
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)	13,422,701		1,088,641	228,590	502,126	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	586.553968		0.001037	0.903015	0.009811	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	367,393		48,089	13,284	18,158	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	16.054580		0.000046	0.052477	0.000355	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/25/2020 10:55 am

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	218,818,609		218,818,609	0
31.00	03100	INTENSIVE CARE UNIT	70,396,295		70,396,295	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	16,534,272		16,534,272	0
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	7,509,092		7,509,092	0
41.00	04100	SUBPROVIDER - IRF	10,745,757		10,745,757	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	20,980,426		20,980,426	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	93,584,621		93,584,621	0
51.00	05100	RECOVERY ROOM	11,985,592		11,985,592	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,476,947		15,476,947	0
53.00	05300	ANESTHESIOLOGY	4,538,878		4,538,878	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,740,159		68,740,159	0
57.00	05700	CT SCAN	0		0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	40,000,331		40,000,331	0
60.01	06001	BLOOD LABORATORY	7,082,931		7,082,931	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
65.00	06500	RESPIRATORY THERAPY	28,023,553	0	28,023,553	0
66.00	06600	PHYSICAL THERAPY	14,598,359	0	14,598,359	0
67.00	06700	OCCUPATIONAL THERAPY	8,446,792	0	8,446,792	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,354,919		9,354,919	0
70.00	07000	ELECTROENCEPHALOGRAPHY	852,960		852,960	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,930,340		108,930,340	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,825,668		88,825,668	0
73.00	07300	DRUGS CHARGED TO PATIENTS	94,108,536		94,108,536	0
74.00	07400	RENAL DIALYSIS	4,585,315		4,585,315	0
76.00	03020	DEV EVALUATION	5,252,703		5,252,703	0
76.97	07697	CARDIAC REHABILITATION	1,613,614		1,613,614	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	FAMILY PRACTICES	0		0	0
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0
90.03	09003	AMBULATORY CARE	10,316,850		10,316,850	0
90.04	09004	OTHER	0		0	0
91.00	09100	EMERGENCY	42,041,252		42,041,252	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,159,960		18,159,960	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,769,572		2,769,572	0
106.00	10600	HEART ACQUISITION	5,238,787		5,238,787	0
108.00	10800	LUNG ACQUISITION	724,410		724,410	0
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	1,030,237,500	0	1,030,237,500	0
201.00		Less Observation Beds	18,159,960		18,159,960	0
202.00		Total (see instructions)	1,012,077,540	0	1,012,077,540	0

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/25/2020 10:55 am		
					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	476,100,804		476,100,804			30.00	
31.00	03100	INTENSIVE CARE UNIT	204,809,138		204,809,138			31.00	
31.01	03101	NEONATAL INTENSIVE CARE UNIT	61,029,635		61,029,635			31.01	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	22,313,910		22,313,910			40.00	
41.00	04100	SUBPROVIDER - IRF	23,658,613		23,658,613			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	65,552,500		65,552,500			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	198,056,147	134,265,163	332,321,310	0.281609	0.000000	50.00	
51.00	05100	RECOVERY ROOM	16,798,366	25,914,365	42,712,731	0.280609	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,156,444	4,882,084	50,038,528	0.309301	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	42,621,989	28,567,709	71,189,698	0.063758	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	226,347,647	290,772,747	517,120,394	0.132929	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	165,588,260	86,336,319	251,924,579	0.158779	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	46,743,442	11,337,752	58,081,194	0.121949	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	141,710,098	7,462,880	149,172,978	0.187859	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	41,361,903	31,568,410	72,930,313	0.200169	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	15,789,420	14,950,086	30,739,506	0.274786	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	41,268,951	29,685,220	70,954,171	0.131845	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	5,554,925	786,290	6,341,215	0.134510	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,747,401	44,590,014	160,337,415	0.679382	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	180,070,686	55,570,085	235,640,771	0.376954	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	370,533,461	175,064,965	545,598,426	0.172487	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	14,161,365	865,495	15,026,860	0.305141	0.000000	74.00	
76.00	03020	DEV EVALUATION	3,589,358	5,827,698	9,417,056	0.557786	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	943,755	3,416,497	4,360,252	0.370074	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01	
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02	
90.03	09003	AMBULATORY CARE	145,853	28,577,836	28,723,689	0.359176	0.000000	90.03	
90.04	09004	OTHER	0	0	0	0.000000	0.000000	90.04	
91.00	09100	EMERGENCY	78,439,546	156,282,703	234,722,249	0.179111	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,741,715	52,860,505	64,602,220	0.281104	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,960,000	0	1,960,000			105.00	
106.00	10600	HEART ACQUISITION	1,950,000	0	1,950,000			106.00	
108.00	10800	LUNG ACQUISITION	300,000	0	300,000			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
200.00		Subtotal (see instructions)	2,620,045,332	1,189,584,823	3,809,630,155			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	2,620,045,332	1,189,584,823	3,809,630,155			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.281609			50.00
51.00	05100	RECOVERY ROOM	0.280609			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301			52.00
53.00	05300	ANESTHESIOLOGY	0.063758			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.158779			60.00
60.01	06001	BLOOD LABORATORY	0.121949			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.187859			65.00
66.00	06600	PHYSICAL THERAPY	0.200169			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.274786			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.131845			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487			73.00
74.00	07400	RENAL DIALYSIS	0.305141			74.00
76.00	03020	DEV EVALUATION	0.557786			76.00
76.97	07697	CARDIAC REHABILITATION	0.370074			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.359176			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.179111			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/25/2020 10:55 am

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	218,818,609		218,818,609	0	218,818,609	30.00	
31.00	03100	INTENSIVE CARE UNIT	70,396,295		70,396,295	0	70,396,295	31.00	
31.01	03101	NEONATAL INTENSIVE CARE UNIT	16,534,272		16,534,272	0	16,534,272	31.01	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	7,509,092		7,509,092	0	7,509,092	40.00	
41.00	04100	SUBPROVIDER - IRF	10,745,757		10,745,757	0	10,745,757	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	20,980,426		20,980,426	0	20,980,426	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	93,584,621		93,584,621	0	93,584,621	50.00	
51.00	05100	RECOVERY ROOM	11,985,592		11,985,592	0	11,985,592	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,476,947		15,476,947	0	15,476,947	52.00	
53.00	05300	ANESTHESIOLOGY	4,538,878		4,538,878	0	4,538,878	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,740,159		68,740,159	0	68,740,159	54.00	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	40,000,331		40,000,331	0	40,000,331	60.00	
60.01	06001	BLOOD LABORATORY	7,082,931		7,082,931	0	7,082,931	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	28,023,553	0	28,023,553	0	28,023,553	65.00	
66.00	06600	PHYSICAL THERAPY	14,598,359	0	14,598,359	0	14,598,359	66.00	
67.00	06700	OCCUPATIONAL THERAPY	8,446,792	0	8,446,792	0	8,446,792	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,354,919		9,354,919	0	9,354,919	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	852,960		852,960	0	852,960	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,930,340		108,930,340	0	108,930,340	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,825,668		88,825,668	0	88,825,668	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	94,108,536		94,108,536	0	94,108,536	73.00	
74.00	07400	RENAL DIALYSIS	4,585,315		4,585,315	0	4,585,315	74.00	
76.00	03020	DEV EVALUATION	5,252,703		5,252,703	0	5,252,703	76.00	
76.97	07697	CARDIAC REHABILITATION	1,613,614		1,613,614	0	1,613,614	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01	
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02	
90.03	09003	AMBULATORY CARE	10,316,850		10,316,850	0	10,316,850	90.03	
90.04	09004	OTHER	0		0	0	0	90.04	
91.00	09100	EMERGENCY	42,041,252		42,041,252	0	42,041,252	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,159,960		18,159,960	0	18,159,960	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	99.10	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	2,769,572		2,769,572		2,769,572	105.00	
106.00	10600	HEART ACQUISITION	5,238,787		5,238,787		5,238,787	106.00	
108.00	10800	LUNG ACQUISITION	724,410		724,410		724,410	108.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
200.00		Subtotal (see instructions)	1,030,237,500	0	1,030,237,500	0	1,030,237,500	200.00	
201.00		Less Observation Beds	18,159,960		18,159,960		18,159,960	201.00	
202.00		Total (see instructions)	1,012,077,540	0	1,012,077,540	0	1,012,077,540	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/25/2020 10:55 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	476,100,804		476,100,804		30.00
31.00	03100	INTENSIVE CARE UNIT	204,809,138		204,809,138		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	61,029,635		61,029,635		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	22,313,910		22,313,910		40.00
41.00	04100	SUBPROVIDER - IRF	23,658,613		23,658,613		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	65,552,500		65,552,500		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	198,056,147	134,265,163	332,321,310	0.281609	0.000000
51.00	05100	RECOVERY ROOM	16,798,366	25,914,365	42,712,731	0.280609	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,156,444	4,882,084	50,038,528	0.309301	0.000000
53.00	05300	ANESTHESIOLOGY	42,621,989	28,567,709	71,189,698	0.063758	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	226,347,647	290,772,747	517,120,394	0.132929	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	165,588,260	86,336,319	251,924,579	0.158779	0.000000
60.01	06001	BLOOD LABORATORY	46,743,442	11,337,752	58,081,194	0.121949	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	141,710,098	7,462,880	149,172,978	0.187859	0.000000
66.00	06600	PHYSICAL THERAPY	41,361,903	31,568,410	72,930,313	0.200169	0.000000
67.00	06700	OCCUPATIONAL THERAPY	15,789,420	14,950,086	30,739,506	0.274786	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	41,268,951	29,685,220	70,954,171	0.131845	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	5,554,925	786,290	6,341,215	0.134510	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,747,401	44,590,014	160,337,415	0.679382	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	180,070,686	55,570,085	235,640,771	0.376954	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	370,533,461	175,064,965	545,598,426	0.172487	0.000000
74.00	07400	RENAL DIALYSIS	14,161,365	865,495	15,026,860	0.305141	0.000000
76.00	03020	DEV EVALUATION	3,589,358	5,827,698	9,417,056	0.557786	0.000000
76.97	07697	CARDIAC REHABILITATION	943,755	3,416,497	4,360,252	0.370074	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	0.000000
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000
90.03	09003	AMBULATORY CARE	145,853	28,577,836	28,723,689	0.359176	0.000000
90.04	09004	OTHER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	78,439,546	156,282,703	234,722,249	0.179111	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,741,715	52,860,505	64,602,220	0.281104	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,960,000	0	1,960,000		105.00
106.00	10600	HEART ACQUISITION	1,950,000	0	1,950,000		106.00
108.00	10800	LUNG ACQUISITION	300,000	0	300,000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,620,045,332	1,189,584,823	3,809,630,155		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,620,045,332	1,189,584,823	3,809,630,155		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03020	DEV EVALUATION	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	FAMILY PRACTICES	0.000000			90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003	AMBULATORY CARE	0.000000			90.03
90.04	09004	OTHER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/25/2020 10:55 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,756,555	0	13,756,555	187,973	73.18	30.00	
31.00	INTENSIVE CARE UNIT	4,999,053		4,999,053	33,936	147.31	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	2,350,568		2,350,568	8,237	285.37	31.01	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	347,511	0	347,511	8,172	42.52	40.00	
41.00	SUBPROVIDER - IRF	498,202	0	498,202	11,266	44.22	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	3,008,247		3,008,247	16,582	181.42	43.00	
200.00	Total (lines 30 through 199)	24,960,136		24,960,136	266,166		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	50,019	3,660,390					30.00
31.00	INTENSIVE CARE UNIT	10,399	1,531,877					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,943	82,616					40.00
41.00	SUBPROVIDER - IRF	4,995	220,879					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	67,356	5,495,762					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
6/25/2020 10:55 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,561,396	332,321,310	0.034790	53,168,047	1,849,716	50.00
51.00	05100	RECOVERY ROOM	705,417	42,712,731	0.016515	5,408,847	89,327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,049,779	50,038,528	0.020979	92,022	1,931	52.00
53.00	05300	ANESTHESIOLOGY	243,152	71,189,698	0.003416	11,263,384	38,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,426,250	517,120,394	0.024030	71,233,785	1,711,748	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,351,747	251,924,579	0.005366	44,534,587	238,973	60.00
60.01	06001	BLOOD LABORATORY	179,931	58,081,194	0.003098	12,980,324	40,213	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,512,690	149,172,978	0.010141	33,692,446	341,675	65.00
66.00	06600	PHYSICAL THERAPY	1,734,756	72,930,313	0.023786	9,500,294	225,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	333,195	30,739,506	0.010839	50,204	544	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	647,107	70,954,171	0.009120	12,412,982	113,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,650	6,341,215	0.015715	1,600,894	25,158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,369,586	160,337,415	0.014779	32,476,384	479,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,989,003	235,640,771	0.008441	62,219,345	525,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,376,182	545,598,426	0.006188	106,934,058	661,708	73.00
74.00	07400	RENAL DIALYSIS	450,156	15,026,860	0.029957	6,580,144	197,121	74.00
76.00	03020	DEV EVALUATION	203,838	9,417,056	0.021646	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,973	4,360,252	0.021323	312,343	6,660	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	573,661	28,723,689	0.019972	88,584	1,769	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	4,857,087	234,722,249	0.020693	22,465,022	464,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,141,662	64,602,220	0.017672	0	0	92.00
200.00		Total (lines 50 through 199)	46,899,218	2,951,955,555		487,013,696	7,014,229	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/25/2020 10:55 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	413,666	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	119,067	0	31.00			
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	26,737	0	31.01			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	15,677	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	21,501	0	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00			
43.00	04300	NURSERY	0	0	0	37,140	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	633,788	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	413,666	187,973	2.20	50,019	30.00			
31.00	03100	INTENSIVE CARE UNIT		119,067	33,936	3.51	10,399	31.00			
31.01	03101	NEONATAL INTENSIVE CARE UNIT		26,737	8,237	3.25	0	31.01			
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00			
40.00	04000	SUBPROVIDER - IPF	0	15,677	8,172	1.92	1,943	40.00			
41.00	04100	SUBPROVIDER - IRF	0	21,501	11,266	1.91	4,995	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00			
43.00	04300	NURSERY		37,140	16,582	2.24	0	43.00			
200.00		Total (lines 30 through 199)		633,788	266,166		67,356	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	110,042						30.00		
31.00	03100	INTENSIVE CARE UNIT	36,500						31.00		
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0						31.01		
32.00	03200	CORONARY CARE UNIT	0						32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00		
40.00	04000	SUBPROVIDER - IPF	3,731						40.00		
41.00	04100	SUBPROVIDER - IRF	9,540						41.00		
42.00	04200	SUBPROVIDER	0						42.00		
43.00	04300	NURSERY	0						43.00		
200.00		Total (lines 30 through 199)	159,813						200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	106,504	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	16,903	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	72,682	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	41,437	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	7,337	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	29,060	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	15,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,750	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	9,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	112,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	92,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	547,748	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,905	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	5,441	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,672	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	0	0	21,330	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	57,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	34,322	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,206,699	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/25/2020 10:55 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	106,504	106,504	332,321,310	0.000320	50.00
51.00	05100	RECOVERY ROOM	0	13,629	13,629	42,712,731	0.000319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,903	16,903	50,038,528	0.000338	52.00
53.00	05300	ANESTHESIOLOGY	0	7,076	7,076	71,189,698	0.000099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,682	72,682	517,120,394	0.000141	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	41,437	41,437	251,924,579	0.000164	60.00
60.01	06001	BLOOD LABORATORY	0	7,337	7,337	58,081,194	0.000126	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	29,060	29,060	149,172,978	0.000195	65.00
66.00	06600	PHYSICAL THERAPY	0	15,131	15,131	72,930,313	0.000207	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,750	8,750	30,739,506	0.000285	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,803	9,803	70,954,171	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	884	884	6,341,215	0.000139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112,844	112,844	160,337,415	0.000704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	92,017	92,017	235,640,771	0.000390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	547,748	547,748	545,598,426	0.001004	73.00
74.00	07400	RENAL DIALYSIS	0	4,905	4,905	15,026,860	0.000326	74.00
76.00	03020	DEV EVALUATION	0	5,441	5,441	9,417,056	0.000578	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,672	1,672	4,360,252	0.000383	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	21,330	21,330	28,723,689	0.000743	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	57,224	57,224	234,722,249	0.000244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	34,322	34,322	64,602,220	0.000531	92.00
200.00		Total (lines 50 through 199)	0	1,206,699	1,206,699	2,951,955,555		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000320	53,168,047	17,014	24,070,784	7,703	50.00
51.00	05100	RECOVERY ROOM	0.000319	5,408,847	1,725	5,139,058	1,639	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000338	92,022	31	5,689	2	52.00
53.00	05300	ANESTHESIOLOGY	0.000099	11,263,384	1,115	4,606,564	456	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000141	71,233,785	10,044	64,472,176	9,091	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000164	44,534,587	7,304	14,825,482	2,431	60.00
60.01	06001	BLOOD LABORATORY	0.000126	12,980,324	1,636	1,329,942	168	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000195	33,692,446	6,570	1,254,535	245	65.00
66.00	06600	PHYSICAL THERAPY	0.000207	9,500,294	1,967	394,850	82	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000285	50,204	14	122,810	35	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000138	12,412,982	1,713	6,099,430	842	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000139	1,600,894	223	40,313	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000704	32,476,384	22,863	11,310,452	7,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000390	62,219,345	24,266	15,798,519	6,161	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001004	106,934,058	107,362	39,792,997	39,952	73.00
74.00	07400	RENAL DIALYSIS	0.000326	6,580,144	2,145	335,481	109	74.00
76.00	03020	DEV EVALUATION	0.000578	0	0	484	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000383	312,343	120	1,078,390	413	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.000743	88,584	66	7,018,481	5,215	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000244	22,465,022	5,481	14,500,272	3,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000531	0	0	10,351,714	5,497	92.00
200.00		Total (lines 50 through 199)		487,013,696	211,659	222,548,423	91,548	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/25/2020 10:55 am

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.281609	24,070,784	0	0	6,778,549	50.00	
51.00	05100 RECOVERY ROOM	0.280609	5,139,058	0	0	1,442,066	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.309301	5,689	0	0	1,760	52.00	
53.00	05300 ANESTHESIOLOGY	0.063758	4,606,564	0	0	293,705	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132929	64,472,176	0	0	8,570,222	54.00	
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.158779	14,825,482	0	0	2,353,975	60.00	
60.01	06001 BLOOD LABORATORY	0.121949	1,329,942	0	0	162,185	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
65.00	06500 RESPIRATORY THERAPY	0.187859	1,254,535	0	0	235,676	65.00	
66.00	06600 PHYSICAL THERAPY	0.200169	394,850	0	0	79,037	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.274786	122,810	0	0	33,746	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.131845	6,099,430	0	0	804,179	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134510	40,313	0	0	5,423	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	11,310,452	0	0	7,684,118	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376954	15,798,519	0	0	5,955,315	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172487	39,792,997	0	0	6,863,775	73.00	
74.00	07400 RENAL DIALYSIS	0.305141	335,481	0	0	102,369	74.00	
76.00	03020 DEV EVALUATION	0.557786	484	0	0	270	76.00	
76.97	07697 CARDIAC REHABILITATION	0.370074	1,078,390	0	0	399,084	76.97	
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01	
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02	
90.03	09003 AMBULATORY CARE	0.359176	7,018,481	0	0	2,520,870	90.03	
90.04	09004 OTHER	0.000000	0	0	0	0	90.04	
91.00	09100 EMERGENCY	0.179111	14,500,272	0	0	2,597,158	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	10,351,714	0	0	2,909,908	92.00	
200.00	Subtotal (see instructions)		222,548,423	0	0	49,793,390	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 - line 201)		222,548,423	0	0	49,793,390	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/25/2020 10:55 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	DEV EVALUATION	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	0	0		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
6/25/2020 10:55 am

Title XVIII				Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,561,396	332,321,310	0.034790	0
51.00	05100	RECOVERY ROOM	705,417	42,712,731	0.016515	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,049,779	50,038,528	0.020979	0
53.00	05300	ANESTHESIOLOGY	243,152	71,189,698	0.003416	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,426,250	517,120,394	0.024030	152,710
57.00	05700	CT SCAN	0	0	0.000000	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0
60.00	06000	LABORATORY	1,351,747	251,924,579	0.005366	465,703
60.01	06001	BLOOD LABORATORY	179,931	58,081,194	0.003098	1,130
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0
65.00	06500	RESPIRATORY THERAPY	1,512,690	149,172,978	0.010141	88,883
66.00	06600	PHYSICAL THERAPY	1,734,756	72,930,313	0.023786	52,655
67.00	06700	OCCUPATIONAL THERAPY	333,195	30,739,506	0.010839	65,104
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0
69.00	06900	ELECTROCARDIOLOGY	647,107	70,954,171	0.009120	62,280
70.00	07000	ELECTROENCEPHALOGRAPHY	99,650	6,341,215	0.015715	2,510
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,369,586	160,337,415	0.014779	22,002
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,989,003	235,640,771	0.008441	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,376,182	545,598,426	0.006188	853,513
74.00	07400	RENAL DIALYSIS	450,156	15,026,860	0.029957	19,370
76.00	03020	DEV EVALUATION	203,838	9,417,056	0.021646	0
76.97	07697	CARDIAC REHABILITATION	92,973	4,360,252	0.021323	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0
90.00	09000	CLINIC	0	0	0.000000	0
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0
90.03	09003	AMBULATORY CARE	573,661	28,723,689	0.019972	0
90.04	09004	OTHER	0	0	0.000000	0
91.00	09100	EMERGENCY	4,857,087	234,722,249	0.020693	348,437
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	64,602,220	0.000000	0
200.00		Total (lines 50 through 199)	45,757,556	2,951,955,555		2,134,297

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	106,504	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	13,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	16,903	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	7,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	72,682	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	41,437	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	7,337	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	29,060	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	15,131	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	8,750	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	9,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	112,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	92,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	547,748	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	4,905	74.00
76.00	03020	DEV EVALUATION		0	0	0	0	5,441	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	1,672	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0	0	0	0	21,330	90.03
90.04	09004	OTHER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	57,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,172,377	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	106,504	106,504	332,321,310	0.000320	50.00
51.00	05100	RECOVERY ROOM	0	13,629	13,629	42,712,731	0.000319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,903	16,903	50,038,528	0.000338	52.00
53.00	05300	ANESTHESIOLOGY	0	7,076	7,076	71,189,698	0.000099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,682	72,682	517,120,394	0.000141	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	41,437	41,437	251,924,579	0.000164	60.00
60.01	06001	BLOOD LABORATORY	0	7,337	7,337	58,081,194	0.000126	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	29,060	29,060	149,172,978	0.000195	65.00
66.00	06600	PHYSICAL THERAPY	0	15,131	15,131	72,930,313	0.000207	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,750	8,750	30,739,506	0.000285	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,803	9,803	70,954,171	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	884	884	6,341,215	0.000139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112,844	112,844	160,337,415	0.000704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	92,017	92,017	235,640,771	0.000390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	547,748	547,748	545,598,426	0.001004	73.00
74.00	07400	RENAL DIALYSIS	0	4,905	4,905	15,026,860	0.000326	74.00
76.00	03020	DEV EVALUATION	0	5,441	5,441	9,417,056	0.000578	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,672	1,672	4,360,252	0.000383	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	21,330	21,330	28,723,689	0.000743	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	57,224	57,224	234,722,249	0.000244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	64,602,220	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,172,377	1,172,377	2,951,955,555		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000320	0	0	8	0	50.00
51.00	05100	RECOVERY ROOM		0.000319	0	0	8	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000338	0	0	1	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000099	0	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000141	152,710	22	3,061	0	54.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000164	465,703	76	4,939	1	60.00
60.01	06001	BLOOD LABORATORY		0.000126	1,130	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000195	88,883	17	515	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000207	52,655	11	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000285	65,104	19	233,458	67	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000138	62,280	9	2,405	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000139	2,510	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000704	22,002	15	405	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000390	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001004	853,513	857	1,003	1	73.00
74.00	07400	RENAL DIALYSIS		0.000326	19,370	6	0	0	74.00
76.00	03020	DEV EVALUATION		0.000578	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000383	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES		0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER		0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE		0.000743	0	0	60	0	90.03
90.04	09004	OTHER		0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY		0.000244	348,437	85	30	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,134,297	1,117	245,898	69	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
6/25/2020 10:55 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Charges				IPF		Costs	
			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
									1.00	2.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.281609	8	0	0	2	50.00		
51.00	05100	RECOVERY ROOM	0.280609	8	0	0	2	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301	1	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.063758	5	0	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929	3,061	0	0	407	54.00		
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00		
60.00	06000	LABORATORY	0.158779	4,939	0	0	784	60.00		
60.01	06001	BLOOD LABORATORY	0.121949	0	0	0	0	60.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00		
65.00	06500	RESPIRATORY THERAPY	0.187859	515	0	0	97	65.00		
66.00	06600	PHYSICAL THERAPY	0.200169	0	0	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.274786	233,458	0	0	64,151	67.00		
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.131845	2,405	0	0	317	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510	0	0	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	405	0	0	275	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487	1,003	0	0	173	73.00		
74.00	07400	RENAL DIALYSIS	0.305141	0	0	0	0	74.00		
76.00	03020	DEV EVALUATION	0.557786	0	0	0	0	76.00		
76.97	07697	CARDIAC REHABILITATION	0.370074	0	0	0	0	76.97		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00		
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00		
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01		
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02		
90.03	09003	AMBULATORY CARE	0.359176	60	0	0	22	90.03		
90.04	09004	OTHER	0.000000	0	0	0	0	90.04		
91.00	09100	EMERGENCY	0.179111	30	0	0	5	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	0	0	0	92.00		
200.00		Subtotal (see instructions)		245,898	0	0	66,235	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00		
202.00		Net Charges (line 200 - line 201)		245,898	0	0	66,235	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-S208

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
6/25/2020 10:55 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/25/2020 10:55 am		
				Component CCN: 14-T208				
				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	11,561,396	332,321,310	0.034790	73,287	2,550	50.00
51.00	05100	RECOVERY ROOM	705,417	42,712,731	0.016515	19,386	320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,049,779	50,038,528	0.020979	0	0	52.00
53.00	05300	ANESTHESIOLOGY	243,152	71,189,698	0.003416	20,032	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,426,250	517,120,394	0.024030	528,479	12,699	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,351,747	251,924,579	0.005366	743,715	3,991	60.00
60.01	06001	BLOOD LABORATORY	179,931	58,081,194	0.003098	62,125	192	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,512,690	149,172,978	0.010141	401,500	4,072	65.00
66.00	06600	PHYSICAL THERAPY	1,734,756	72,930,313	0.023786	3,952	94	66.00
67.00	06700	OCCUPATIONAL THERAPY	333,195	30,739,506	0.010839	6,709,011	72,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	647,107	70,954,171	0.009120	70,851	646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,650	6,341,215	0.015715	13,785	217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,369,586	160,337,415	0.014779	345,453	5,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,989,003	235,640,771	0.008441	80,135	676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,376,182	545,598,426	0.006188	3,089,035	19,115	73.00
74.00	07400	RENAL DIALYSIS	450,156	15,026,860	0.029957	200,950	6,020	74.00
76.00	03020	DEV EVALUATION	203,838	9,417,056	0.021646	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,973	4,360,252	0.021323	300	6	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	573,661	28,723,689	0.019972	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	4,857,087	234,722,249	0.020693	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	64,602,220	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	45,757,556	2,951,955,555		12,361,996	128,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 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	106,504	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	16,903	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	7,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	72,682	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	41,437	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	7,337	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	29,060	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	15,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,750	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	9,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	112,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	92,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	547,748	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,905	74.00
76.00	03020	DEV EVALUATION	0	0	0	0	5,441	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,672	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	0	0	21,330	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	57,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,172,377	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	106,504	106,504	332,321,310	0.000320	50.00
51.00	05100	RECOVERY ROOM	0	13,629	13,629	42,712,731	0.000319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,903	16,903	50,038,528	0.000338	52.00
53.00	05300	ANESTHESIOLOGY	0	7,076	7,076	71,189,698	0.000099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,682	72,682	517,120,394	0.000141	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	41,437	41,437	251,924,579	0.000164	60.00
60.01	06001	BLOOD LABORATORY	0	7,337	7,337	58,081,194	0.000126	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	29,060	29,060	149,172,978	0.000195	65.00
66.00	06600	PHYSICAL THERAPY	0	15,131	15,131	72,930,313	0.000207	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,750	8,750	30,739,506	0.000285	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,803	9,803	70,954,171	0.000138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	884	884	6,341,215	0.000139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112,844	112,844	160,337,415	0.000704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	92,017	92,017	235,640,771	0.000390	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	547,748	547,748	545,598,426	0.001004	73.00
74.00	07400	RENAL DIALYSIS	0	4,905	4,905	15,026,860	0.000326	74.00
76.00	03020	DEV EVALUATION	0	5,441	5,441	9,417,056	0.000578	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,672	1,672	4,360,252	0.000383	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	21,330	21,330	28,723,689	0.000743	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	57,224	57,224	234,722,249	0.000244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	64,602,220	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,172,377	1,172,377	2,951,955,555		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/25/2020 10:55 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	0.000320		73,287		23	3	0 50.00
51.00	05100	RECOVERY ROOM	0.000319		19,386		6	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000338		0		0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000099		20,032		2	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000141		528,479		75	6,073	1 54.00
57.00	05700	CT SCAN	0.000000		0		0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		0		0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0		0	0	0 59.00
60.00	06000	LABORATORY	0.000164		743,715		122	215	0 60.00
60.01	06001	BLOOD LABORATORY	0.000126		62,125		8	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		0		0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.000195		401,500		78	333	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000207		3,952		1	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000285		6,709,011		1,912	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		0		0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000138		70,851		10	4,748	1 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000139		13,785		2	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000704		345,453		243	20,945	15 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000390		80,135		31	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001004		3,089,035		3,101	22,733	23 73.00
74.00	07400	RENAL DIALYSIS	0.000326		200,950		66	0	0 74.00
76.00	03020	DEV EVALUATION	0.000578		0		0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000383		300		0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0		0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0		0	0	0 89.00
90.00	09000	CLINIC	0.000000		0		0	0	0 90.00
90.01	09001	FAMILY PRACTICES	0.000000		0		0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000		0		0	0	0 90.02
90.03	09003	AMBULATORY CARE	0.000743		0		0	0	0 90.03
90.04	09004	OTHER	0.000000		0		0	0	0 90.04
91.00	09100	EMERGENCY	0.000244		0		0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0		0	0	0 92.00
200.00		Total (lines 50 through 199)			12,361,996		5,680	55,050	40 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/25/2020 10:55 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	0.281609	3	0	0	1	50.00	
51.00	05100	RECOVERY ROOM	0.280609	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.063758	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929	6,073	0	0	807	54.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.158779	215	0	0	34	60.00	
60.01	06001	BLOOD LABORATORY	0.121949	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0.187859	333	0	0	63	65.00	
66.00	06600	PHYSICAL THERAPY	0.200169	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.274786	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.131845	4,748	0	0	626	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	20,945	0	0	14,230	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487	22,733	0	0	3,921	73.00	
74.00	07400	RENAL DIALYSIS	0.305141	0	0	0	0	74.00	
76.00	03020	DEV EVALUATION	0.557786	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.370074	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01	
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02	
90.03	09003	AMBULATORY CARE	0.359176	0	0	0	0	90.03	
90.04	09004	OTHER	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.179111	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		55,050	0	0	19,682	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		55,050	0	0	19,682	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:

Worksheet D

Component CCN: 14-T208

From 01/01/2019
To 12/31/2019Part V
Date/Time Prepared:
6/25/2020 10:55 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
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/25/2020 10:55 am

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.281609	0	2,582,947	0	0	50.00
51.00	05100	RECOVERY ROOM	0.280609	0	596,394	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301	0	421,391	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063758	0	627,284	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929	0	7,614,031	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.158779	0	3,189,139	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.121949	0	1,100,089	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.187859	0	373,136	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.200169	0	305,866	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.274786	0	368,941	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131845	0	1,168,475	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510	0	95,505	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	0	556,815	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954	0	1,090,782	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487	0	4,059,121	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.305141	0	43,900	0	0	74.00
76.00	03020	DEV EVALUATION	0.557786	0	764,054	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.370074	0	40,515	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.359176	0	288,505	0	0	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.179111	0	11,384,464	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	2,841,980	0	0	92.00
200.00		Subtotal (see instructions)		0	39,513,334	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	39,513,334	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/25/2020 10:55 am

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	727,381	0		50.00
51.00	05100	RECOVERY ROOM	167,354	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,337	0		52.00
53.00	05300	ANESTHESIOLOGY	39,994	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,012,126	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	506,368	0		60.00
60.01	06001	BLOOD LABORATORY	134,155	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	70,097	0		65.00
66.00	06600	PHYSICAL THERAPY	61,225	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	101,380	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	154,058	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,846	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	378,290	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	411,175	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	700,146	0		73.00
74.00	07400	RENAL DIALYSIS	13,396	0		74.00
76.00	03020	DEV EVALUATION	426,179	0		76.00
76.97	07697	CARDIAC REHABILITATION	14,994	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	FAMILY PRACTICES	0	0		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0		90.02
90.03	09003	AMBULATORY CARE	103,624	0		90.03
90.04	09004	OTHER	0	0		90.04
91.00	09100	EMERGENCY	2,039,083	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	798,892	0		92.00
200.00		Subtotal (see instructions)	8,003,100	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,003,100	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		187,973	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		187,973	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)		172,373	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) (see instructions)		50,019	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)		218,818,609	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)		218,818,609	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)		218,818,609	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)		1,164.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		58,227,118	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)		58,227,118	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:
6/25/2020 10:55 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	70,396,295	33,936	2,074.38	10,399	21,571,478
43.01	NEONATAL INTENSIVE CARE UNIT	16,534,272	8,237	2,007.32	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				115,598,359	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				195,396,955	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)				5,338,809	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				7,225,888	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				12,564,697	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				182,832,258	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)				15,600	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,164.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				18,159,960	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:
6/25/2020 10:55 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	13,756,555	218,818,609	0.062867	18,159,960	1,141,662
91.00	Nursing School cost	0	218,818,609	0.000000	18,159,960	0
92.00	Allied health cost	413,666	218,818,609	0.001890	18,159,960	34,322
93.00	All other Medical Education	0	218,818,609	0.000000	18,159,960	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,172	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,172	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)		8,172	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) (see instructions)		1,943	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,509,092	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,509,092	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,509,092	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)		918.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,785,384	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,785,384	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
			Component CCN: 14-S208		Date/Time Prepared: 6/25/2020 10:55 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					378,546
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,163,930
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					86,347
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,153
52.00 Total Program excludable cost (sum of lines 50 and 51)					110,500
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,053,430
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/25/2020 10:55 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	347,511	7,509,092	0.046279	0	0 90.00
91.00	Nursing School cost	0	7,509,092	0.000000	0	0 91.00
92.00	Allied health cost	15,677	7,509,092	0.002088	0	0 92.00
93.00	All other Medical Education	0	7,509,092	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/25/2020 10:55 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)		11,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,266	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)		11,266	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) (see instructions)		4,995	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)		10,745,757	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)		10,745,757	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)		10,745,757	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)		953.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,764,331	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)		4,764,331	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 14-T208		Date/Time Prepared: 6/25/2020 10:55 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					3,013,369	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,777,700	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)					230,419	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					134,170	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					364,589	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,413,111	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: 14-0208 Component CCN: 14-T208		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/25/2020 10:55 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	498,202	10,745,757	0.046363	0	0	90.00
91.00	Nursing School cost	0	10,745,757	0.000000	0	0	91.00
92.00	Allied health cost	21,501	10,745,757	0.002001	0	0	92.00
93.00	All other Medical Education	0	10,745,757	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/25/2020 10:55 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		144,583,118	30.00
31.00	03100	INTENSIVE CARE UNIT		60,998,074	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281609	53,168,047	50.00
51.00	05100	RECOVERY ROOM	0.280609	5,408,847	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301	92,022	52.00
53.00	05300	ANESTHESIOLOGY	0.063758	11,263,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929	71,233,785	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.158779	44,534,587	60.00
60.01	06001	BLOOD LABORATORY	0.121949	12,980,324	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.187859	33,692,446	65.00
66.00	06600	PHYSICAL THERAPY	0.200169	9,500,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.274786	50,204	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131845	12,412,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510	1,600,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	32,476,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954	62,219,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487	106,934,058	73.00
74.00	07400	RENAL DIALYSIS	0.305141	6,580,144	74.00
76.00	03020	DEV EVALUATION	0.557786	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.370074	312,343	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.359176	88,584	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.179111	22,465,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		487,013,696	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)		487,013,696	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 14-S208		Date/Time Prepared: 6/25/2020 10:55 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		5,024,975		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.281609	0	0	50.00
51.00	05100 RECOVERY ROOM	0.280609	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.309301	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063758	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132929	152,710	20,300	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.158779	465,703	73,944	60.00
60.01	06001 BLOOD LABORATORY	0.121949	1,130	138	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.187859	88,883	16,697	65.00
66.00	06600 PHYSICAL THERAPY	0.200169	52,655	10,540	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.274786	65,104	17,890	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.131845	62,280	8,211	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134510	2,510	338	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	22,002	14,948	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376954	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172487	853,513	147,220	73.00
74.00	07400 RENAL DIALYSIS	0.305141	19,370	5,911	74.00
76.00	03020 DEV EVALUATION	0.557786	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370074	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.359176	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179111	348,437	62,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,134,297	378,546	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,134,297		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 14-T208		Date/Time Prepared: 6/25/2020 10:55 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
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		10,489,500		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.281609	73,287	20,638	50.00
51.00	05100 RECOVERY ROOM	0.280609	19,386	5,440	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.309301	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063758	20,032	1,277	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132929	528,479	70,250	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.158779	743,715	118,086	60.00
60.01	06001 BLOOD LABORATORY	0.121949	62,125	7,576	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.187859	401,500	75,425	65.00
66.00	06600 PHYSICAL THERAPY	0.200169	3,952	791	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.274786	6,709,011	1,843,542	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.131845	70,851	9,341	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134510	13,785	1,854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	345,453	234,695	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376954	80,135	30,207	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172487	3,089,035	532,818	73.00
74.00	07400 RENAL DIALYSIS	0.305141	200,950	61,318	74.00
76.00	03020 DEV EVALUATION	0.557786	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370074	300	111	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.359176	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179111	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281104		0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,361,996	3,013,369	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)		12,361,996		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/25/2020 10:55 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		35,177,824	30.00
31.00	03100	INTENSIVE CARE UNIT		13,353,039	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		27,424,805	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,068,979	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281609	11,153,715	50.00
51.00	05100	RECOVERY ROOM	0.280609	603,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.309301	2,923,254	52.00
53.00	05300	ANESTHESIOLOGY	0.063758	2,620,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.132929	13,226,620	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.158779	10,256,218	60.00
60.01	06001	BLOOD LABORATORY	0.121949	3,110,338	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.187859	15,221,594	65.00
66.00	06600	PHYSICAL THERAPY	0.200169	881,283	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.274786	59,904	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131845	2,224,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134510	482,856	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	7,930,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376954	6,089,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172487	25,785,331	73.00
74.00	07400	RENAL DIALYSIS	0.305141	378,317	74.00
76.00	03020	DEV EVALUATION	0.557786	731,715	76.00
76.97	07697	CARDIAC REHABILITATION	0.370074	26,900	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.359176	212	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.179111	4,964,191	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		108,671,070	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)		108,671,070	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 14-S208		Date/Time Prepared: 6/25/2020 10:55 am	
		Title XIX	Subprovider - IPF	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
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,182,739		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.281609	0	0	50.00
51.00	05100 RECOVERY ROOM	0.280609	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.309301	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063758	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132929	102,098	13,572	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.158779	319,239	50,688	60.00
60.01	06001 BLOOD LABORATORY	0.121949	2,379	290	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.187859	26,591	4,995	65.00
66.00	06600 PHYSICAL THERAPY	0.200169	5,364	1,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.274786	40,151	11,033	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.131845	34,222	4,512	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134510	2,535	341	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	7,182	4,879	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376954	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172487	289,461	49,928	73.00
74.00	07400 RENAL DIALYSIS	0.305141	0	0	74.00
76.00	03020 DEV EVALUATION	0.557786	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370074	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.359176	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179111	236,253	42,316	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,065,475	183,628	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,065,475		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 14-T208		Date/Time Prepared: 6/25/2020 10:55 am	
		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
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		608,840		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.281609	0	0	50.00
51.00	05100 RECOVERY ROOM	0.280609	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.309301	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063758	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.132929	37,965	5,047	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.158779	34,586	5,492	60.00
60.01	06001 BLOOD LABORATORY	0.121949	13,400	1,634	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.187859	73,992	13,900	65.00
66.00	06600 PHYSICAL THERAPY	0.200169	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.274786	267,649	73,546	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.131845	2,775	366	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134510	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.679382	57,955	39,374	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.376954	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172487	284,889	49,140	73.00
74.00	07400 RENAL DIALYSIS	0.305141	17,880	5,456	74.00
76.00	03020 DEV EVALUATION	0.557786	36,555	20,390	76.00
76.97	07697 CARDIAC REHABILITATION	0.370074	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.359176	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.179111	2,875	515	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.281104	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		830,521	214,860	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)		830,521	0	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 6/25/2020 10:55 am	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	21,196	1,164.10	10	11,641	1.00
2.00	INTENSIVE CARE UNIT	43.00	28,973	2,074.38	5	10,372	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,007.32	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		50,169		15	22,013	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.281609	337,019	94,908	8.00
9.00	RECOVERY ROOM		51.00	0.280609	9,120	2,559	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.309301	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.063758	69,728	4,446	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.132929	1,207,772	160,548	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.158779	922,658	146,499	18.00
18.01	BLOOD LABORATORY		60.01	0.121949	130,572	15,923	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.187859	54,277	10,196	23.00
24.00	PHYSICAL THERAPY		66.00	0.200169	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.274786	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.131845	414,960	54,710	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.134510	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.679382	105,056	71,373	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.376954	312	118	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.172487	351,566	60,641	31.00
32.00	RENAL DIALYSIS		74.00	0.305141	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.557786	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.370074	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.359176	950	341	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.179111	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.281104	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,603,990	622,262	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0208

Period:

From 01/01/2019

To 12/31/2019

Worksheet D-4

Component CCN:

Date/Time Prepared:

6/25/2020 10:55 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	10	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE	23.03	950	0.000000	0	51.03	
51.04	OTHER	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		950		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	644,275		3,654,159		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,769,572		2,739,966		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,413,847		6,394,125		61.00	
62.00	Total Usable Organs (see instructions)		70			62.00	
63.00	Medicare Usable Organs (see instructions)		52			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.742857			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,536,000		4,749,921		65.00	
66.00	Revenue for Organs Sold	65,496		215,385		66.00	
67.00	Subtotal (line 65 minus line 66)	2,470,504		4,534,536		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,470,504	0	4,534,536	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)			9	40		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals			0	0		72.00
73.00	Organs Purchased from OPOs			0	21		73.00
74.00	Total (sum of lines 70 through 73)			9	61		74.00
75.00	Organs Transplanted			9	21	0	75.00
76.00	Organs Sold to Other Hospitals			0	0	0	76.00
77.00	Organs Sold to OPOs			0	40	0	77.00
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00
80.00	Organs Sold Outside the U.S.			0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00
82.00	Organs Used for Research			0	0		82.00
83.00	Unusable/Discarded Organs			0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)			9	61		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 6/25/2020 10:55 am	
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	44	1,164.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,519	2,074.38	1	2,074	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,007.32	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		6,563		1	2,074	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.281609	74,402	20,952	8.00
9.00	RECOVERY ROOM		51.00	0.280609	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.309301	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.063758	9,911	632	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.132929	114,479	15,218	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.158779	268,587	42,646	18.00
18.01	BLOOD LABORATORY		60.01	0.121949	5,290	645	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.187859	40,987	7,700	23.00
24.00	PHYSICAL THERAPY		66.00	0.200169	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.274786	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.131845	26,551	3,501	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.134510	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.679382	10,203	6,932	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.376954	73,083	27,549	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.172487	28,970	4,997	31.00
32.00	RENAL DIALYSIS		74.00	0.305141	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.557786	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.370074	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.359176	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.179111	30	5	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.281104	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				652,493	130,777	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 6/25/2020 10:55 am	
					Heart		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS				2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT				3.00	0.00	1	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT				3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT				4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)				7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)						1	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000	0	50.00	
51.00	CLINIC				23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES				23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER				23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE				23.03	0	0.000000	0	51.03	
51.04	OTHER				23.04	0	0.000000	0	51.04	
52.00	EMERGENCY				24.00	30	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)				25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)					30		0	55.00	
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I				132,851		659,056		56.00	
57.00	Interns and Residents (inpatient)				0		0		57.00	
58.00	Interns and Residents (outpatient)				0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)				5,238,787		5,228,172		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)				0		0		60.00	
61.00	Total (sum of lines 56 thru 60)				5,371,638		5,887,228		61.00	
62.00	Total Usable Organs (see instructions)					38			62.00	
63.00	Medicare Usable Organs (see instructions)					20			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.526316			64.00	
65.00	Medicare Cost/Charges (see instructions)				2,827,179		3,098,542		65.00	
66.00	Revenue for Organs Sold				14,737		48,462		66.00	
67.00	Subtotal (line 65 minus line 66)				2,812,442		3,050,080		67.00	
68.00	Organs Furnished Part B				0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)				2,812,442	0	3,050,080	0	69.00	
Cost Center Description					Living Related		Cadaveric	Revenue		
					1.00		2.00	3.00		
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)					0	9		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)					0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals					0	0		72.00	
73.00	Organs Purchased from OPOs					0	29		73.00	
74.00	Total (sum of lines 70 through 73)					0	38		74.00	
75.00	Organs Transplanted					0	29	0	75.00	
76.00	Organs Sold to Other Hospitals					0	0	0	76.00	
77.00	Organs Sold to OPOs					0	9	0	77.00	
78.00	Organs Sold to Transplant Hospitals					0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals					0	0	0	79.00	
80.00	Organs Sold Outside the U.S.					0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)					0	0		81.00	
82.00	Organs Used for Research					0	0		82.00	
83.00	Unusable/Discarded Organs					0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)					0	38		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 6/25/2020 10:55 am	
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	15	1,164.10	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,173	2,074.38	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,007.32	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		2,188		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.281609	88,592	24,948	8.00
9.00	RECOVERY ROOM		51.00	0.280609	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.309301	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.063758	6,549	418	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.132929	73,209	9,732	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.158779	96,959	15,395	18.00
18.01	BLOOD LABORATORY		60.01	0.121949	6,273	765	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.187859	39,798	7,476	23.00
24.00	PHYSICAL THERAPY		66.00	0.200169	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.274786	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.131845	20,707	2,730	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.134510	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.679382	3,401	2,311	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.376954	3,319	1,251	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.172487	10,637	1,835	31.00
32.00	RENAL DIALYSIS		74.00	0.305141	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.557786	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.370074	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.359176	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.179111	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.281104	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				349,444	66,861	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0208		Period: From 01/01/2019 To 12/31/2019		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 6/25/2020 10:55 am	
					Lung		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS				2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT				3.00	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT				3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT				4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)				7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)						0	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000	0	50.00	
51.00	CLINIC				23.00	0	0.000000	0	51.00	
51.01	FAMILY PRACTICES				23.01	0	0.000000	0	51.01	
51.02	WOMEN'S HEALTH CENTER				23.02	0	0.000000	0	51.02	
51.03	AMBULATORY CARE				23.03	0	0.000000	0	51.03	
51.04	OTHER				23.04	0	0.000000	0	51.04	
52.00	EMERGENCY				24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)				25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)					0		0	55.00	
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I				66,861		351,632		56.00	
57.00	Interns and Residents (inpatient)				0		0		57.00	
58.00	Interns and Residents (outpatient)				0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)				724,410		715,979		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)				0		0		60.00	
61.00	Total (sum of lines 56 thru 60)				791,271		1,067,611		61.00	
62.00	Total Usable Organs (see instructions)					6			62.00	
63.00	Medicare Usable Organs (see instructions)					4			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.666667			64.00	
65.00	Medicare Cost/Charges (see instructions)				527,514		711,741		65.00	
66.00	Revenue for Organs Sold				4,912		16,154		66.00	
67.00	Subtotal (line 65 minus line 66)				522,602		695,587		67.00	
68.00	Organs Furnished Part B				0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)				522,602	0	695,587	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)					0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)					0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals					0	0		72.00	
73.00	Organs Purchased from OPOs					0	3		73.00	
74.00	Total (sum of lines 70 through 73)					0	6		74.00	
75.00	Organs Transplanted					0	3	0	75.00	
76.00	Organs Sold to Other Hospitals					0	0	0	76.00	
77.00	Organs Sold to OPOs					0	3	0	77.00	
78.00	Organs Sold to Transplant Hospitals					0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals					0	0	0	79.00	
80.00	Organs Sold Outside the U.S.					0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)					0	0		81.00	
82.00	Organs Used for Research					0	0		82.00	
83.00	Unusable/Discarded Organs					0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)					0	6		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/25/2020 10:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			94,347,710	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			32,909,713	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			10,444,507	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			3,049,585	2.04
3.00	Managed Care Simulated Payments			84,934,278	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			689.05	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)			171.79	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).			45.83	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)			15.40	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)			233.02	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			232.02	10.00
11.00	FTE count for residents in dental and podiatric programs.			7.43	11.00
12.00	Current year allowable FTE (see instructions)			239.45	12.00
13.00	Total allowable FTE count for the prior year.			236.39	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.			233.63	14.00
15.00	Sum of lines 12 through 14 divided by 3.			236.49	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			236.49	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.343212	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.349445	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.343212	21.00
22.00	IME payment adjustment (see instructions)			21,806,959	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			14,554,423	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-1.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			21,806,959	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			14,554,423	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.77	31.00
32.00	Sum of lines 30 and 31			29.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)			13.55	33.00
34.00	Disproportionate share adjustment (see instructions)			4,310,846	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,794,820	6,394,976	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,578,042	1,607,480	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,185,522		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	175,054,842		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)		189,609,265	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,092,859	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).		12,879,845	52.00
53.00	Nursing and Allied Health Managed Care payment		522,704	53.00
54.00	Special add-on payments for new technologies		1,500	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)		5,805,548	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).		146,542	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		211,659	58.00
59.00	Total (sum of amounts on lines 49 through 58)		222,269,922	59.00
60.00	Primary payer payments		79,284	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		222,190,638	61.00
62.00	Deductibles billed to program beneficiaries		8,712,628	62.00
63.00	Coinurance billed to program beneficiaries		1,623,454	63.00
64.00	Allowable bad debts (see instructions)		2,449,266	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,592,023	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,457,286	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		213,446,579	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)		273,242	70.93
70.94	HRR adjustment amount (see instructions)		-1,049,654	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		469,124	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		212,201,043	71.00
71.01	Sequestration adjustment (see instructions)		4,244,021	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		207,826,995	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		130,027	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,358,758	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		49,701,842	2.00
3.00	OPPS payments		44,082,346	3.00
4.00	Outlier payment (see instructions)		130,351	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		44,582,552	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		99.17	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		91,548	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		44,304,245	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,691,710	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		36,612,535	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,043,314	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)		39,655,849	30.00
31.00	Primary payer payments		7,977	31.00
32.00	Subtotal (line 30 minus line 31)		39,647,872	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)		1,283,860	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		834,509	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		751,815	36.00
37.00	Subtotal (see instructions)		40,482,381	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,482,381	40.00
40.01	Sequestration adjustment (see instructions)		809,648	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		35,798,036	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		3,874,697	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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: 14-0208 Component CCN: 14-S208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		66,166	2.00
3.00	OPPS payments		62,277	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		69	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		62,346	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		12,591	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		49,755	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)		49,755	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		49,755	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)		2,906	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,889	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,887	36.00
37.00	Subtotal (see instructions)		51,644	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)		51,644	40.00
40.01	Sequestration adjustment (see instructions)		1,033	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		48,691	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		1,920	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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

Health Financial Systems		ADVOCATE CHRIST HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/25/2020 10:55 am	
		Component CCN: 14-T208			
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			19,642	2.00
3.00	OPPS payments			0	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	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			40	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0	20.00
21.00	Lesser of cost or charges (see instructions)			0	21.00
22.00	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			40	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			40	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)			40	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			40	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)			40	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)			40	40.00
40.01	Sequestration adjustment (see instructions)			1	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			1,634	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			-1,595	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/25/2020 10:55 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		207,771,476		35,786,870	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	04/08/2019	55,519	04/08/2019	11,166	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)		55,519		11,166	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)		207,826,995		35,798,036	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		130,027		3,874,697	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		207,957,022		39,672,733	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: 14-0208

Period:

Worksheet E-1

Component CCN: 14-S208

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
6/25/2020 10:55 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,698,255		48,691	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,698,255		48,691	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		87,081		1,920	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,785,336		50,611	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: 14-0208

Period:

Worksheet E-1

Component CCN: 14-T208

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
6/25/2020 10:55 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		8,148,384		1,634	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,148,384		1,634	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		110,852		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,595	6.02
7.00	Total Medicare program liability (see instructions)		8,259,236		39	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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
6/25/2020 10:55 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,852,123 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			58,097 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			22.389041 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,910,220 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,910,220 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,910,220 18.00
19.00	Deductibles			130,920 19.00
20.00	Subtotal (line 18 minus line 19)			1,779,300 20.00
21.00	Coinsurance			46,376 21.00
22.00	Subtotal (line 20 minus line 21)			1,732,924 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			129,229 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			83,999 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			67,107 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,816,923 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			4,848 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,821,771 31.00
31.01	Sequestration adjustment (see instructions)			36,435 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,698,255 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			87,081 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	8,062,307 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0335 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	233,807 3.00		
4.00	Outlier Payments	240,743 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)	30.865753 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)	8,536,857 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)	8,536,857 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	8,536,857 19.00		
20.00	Deductibles	53,172 20.00		
21.00	Subtotal (line 19 minus line 20)	8,483,685 21.00		
22.00	Coinurance	102,928 22.00		
23.00	Subtotal (line 21 minus line 22)	8,380,757 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	48,946 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	31,815 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	29,285 26.00		
27.00	Subtotal (sum of lines 23 and 25)	8,412,572 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)	15,220 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)	8,427,792 32.00		
32.01	Sequestration adjustment (see instructions)	168,556 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	8,148,384 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)	110,852 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	33,304 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	240,743 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		

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/25/2020 10:55 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.			171.79	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))			46.07	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)			14.26	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)			232.12	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			232.02	6.00
7.00	Enter the lesser of line 5 or line 6			232.02	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.	137.11	84.21	221.32	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.	137.11	84.21	221.32	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.43		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		7.43		10.01
11.00	Total weighted FTE count	137.11	91.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	138.14	87.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	140.52	83.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	138.59	87.58		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	138.59	87.58		17.00
18.00	Per resident amount	152,790.10	144,678.75		18.00
19.00	Approved amount for resident costs	21,175,180	12,670,965	33,846,145	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			33,846,145	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	67,356	46,756		26.00
27.00	Total Inpatient Days (see instructions)	235,599	235,599		27.00
28.00	Ratio of inpatient days to total inpatient days	0.285893	0.198456		28.00
29.00	Program direct GME amount	9,676,376	6,716,971	16,393,347	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		470,188	470,188	30.00
31.00	Net Program direct GME amount			15,923,159	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/25/2020 10:55 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)		4,905	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		15,026,860	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000326	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)		205,338,585	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		5,805,548	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		79,284	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		211,064,849	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		49,879,307	42.00
43.00	Primary payer payments (see instructions)		7,977	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		49,871,330	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		260,936,179	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.808875	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.191125	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		15,923,159	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		12,879,845	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,043,314	50.00

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

Provider CCN: 14-0208

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

Worksheet G

Date/Time Prepared:

6/25/2020 10:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	449,712,000	0	0	0	1.00
2.00	Temporary investments	106,529,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,620,938,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	637,826,000	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)	2,815,005,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,363,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,875,340,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,496,988,000	0	0	0	23.00
24.00	Accumulated depreciation	-4,967,768,000	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)	5,901,923,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,140,565,000	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	1,075,876,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,216,441,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	18,933,369,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,863,035,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	77,957,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	767,958,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,708,950,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,729,366,000	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	1,796,389,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,525,755,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,234,705,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	11,698,664,000	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)	11,698,664,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	18,933,369,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

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

Worksheet G-1

Date/Time Prepared:
6/25/2020 10:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		10,242,977,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		96,630,441				2.00
3.00	Total (sum of line 1 and line 2)		10,339,607,441		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CORPORATE ADJUSTMENTS	1,359,056,559		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)		1,359,056,559		0		10.00
11.00	Subtotal (line 3 plus line 10)		11,698,664,000		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)		11,698,664,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	CORPORATE ADJUSTMENTS		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: 14-0208

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/25/2020 10:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	550,389,607		550,389,607	1.00
2.00	SUBPROVIDER - IPF	22,313,910		22,313,910	2.00
3.00	SUBPROVIDER - IRF	23,658,613		23,658,613	3.00
4.00	SUBPROVIDER	0		0	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)	596,362,130		596,362,130	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	204,809,138		204,809,138	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	61,029,635		61,029,635	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	265,838,773		265,838,773	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	862,200,903		862,200,903	17.00
18.00	Ancillary services	1,692,717,629	1,009,769,535	2,702,487,164	18.00
19.00	Outpatient services	78,439,546	156,282,703	234,722,249	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	145,853	28,577,836	28,723,689	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,633,503,931	1,194,630,074	3,828,134,005	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,164,088,229		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)		1,164,088,229		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

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

Worksheet G-3

Date/Time Prepared:
6/25/2020 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,828,134,005	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,582,502,504	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,245,631,501	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,164,088,229	4.00
5.00	Net income from service to patients (line 3 minus line 4)	81,543,272	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	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	14,262,874	24.00
25.00	Total other income (sum of lines 6-24)	14,262,874	25.00
26.00	Total (line 5 plus line 25)	95,806,146	26.00
27.00	NET NONOPERATING	-824,295	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-824,295	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	96,630,441	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet I-5 Date/Time Prepared: 6/25/2020 10:55 am
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0208	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/25/2020 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,300,255	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		930,318	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)		592.22	3.00
4.00	Number of interns & residents (see instructions)		236.49	4.00
5.00	Indirect medical education percentage (see instructions)		11.93	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)		1,228,820	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.77	8.00
9.00	Sum of lines 7 and 8		29.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.15	10.00
11.00	Disproportionate share adjustment (see instructions)		633,466	11.00
12.00	Total prospective capital payments (see instructions)		13,092,859	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