

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: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 10:55 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 10:55 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSPITAL ELGIN (14-0217) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	206,601	1,712	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	25,420	97		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	232,021	1,809	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: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 10:55 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 77 NORTH AIRLITE ST.			PO Box:				1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			PRESENCE SAINT JOSEPH HOSPITAL ELGIN	140217	20994	1	09/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF			PRESENCE SAINT JOSEPH REHAB UNIT	14T217	20994	5	09/01/1997	N P 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								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,008	545	0	2	3,619	295

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0217

Period:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	131	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					0.00	0	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 06/30/2019Worksheet S-2
Part I
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11/26/2019 10:55 am

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	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)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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	0	76.00

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

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,308,336	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.05	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 10:55 am					
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: PRESENCE CARE TRANSFORMATION CORP		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131				141.00				
142.00	Street: 200 SOUTH WACKER DRIVE		PO Box:						142.00				
143.00	City: CHICAGO		State: IL		Zip Code:		60606		143.00				
									1.00				
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00			
									1.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00				
									1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
									1.00				
Multicampus													
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
									1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									0168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00			
								Beginning	Ending				
								1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								07/01/2018	06/30/2019	170.00		
								1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N		0171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 10:55 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	
			1.00	2.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	11/21/2019	Y	11/21/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
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: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 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	20.00
	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE CARE TRANSFORMATION CORP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3721	ANNE.LITTLE@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 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.	REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 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	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	129	47,085	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)		129	47,085	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,600		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		184			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 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)	9,488	1,764	23,407			1.00
2.00	HMO and other (see instructions)	2,947	3,619				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)	9,488	1,764	23,407			7.00
8.00	INTENSIVE CARE UNIT	1,040	86	2,262			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	10,528	1,850	25,669	0.00	506.61	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	7,953	131	10,070	0.00	46.81	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	553.42	27.00
28.00	Observation Bed Days		407	2,030			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	0	0			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: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 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	2,308	337	5,648	1.00
2.00 HMO and other (see instructions)			523	791		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,308	337	5,648	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	707	10	892	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 10:55 am

	Wkst. A Line Number	Amount Reported	Reclassification 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	38,689,656	0	38,689,656	1,151,118.60	33.61 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		37,907	0	37,907	247.00	153.47 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,619,157	-209,774	3,409,383	99,511.00	34.26 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,068,348	0	7,068,348	167,247.56	42.26 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		555,114	0	555,114	3,599.00	154.24 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		13,393,074	0	13,393,074	314,598.00	42.57 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,037,922	0	8,037,922		
18.00	Wage-related costs (other) (see instructions)		13,278	0	13,278		
19.00	Excluded areas		738,156	0	738,156		
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		5,058	0	5,058		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		755,740	0	755,740		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	60,535	0	60,535	6,880.00	8.80 26.00
27.00	Administrative & General	5.00	1,919,258	0	1,919,258	64,120.00	29.93 27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
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		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		420,898	0	420,898	1,931.00	217.97	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,015,295	0	1,015,295	42,176.00	24.07	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	651,200	0	651,200	40,748.00	15.98	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	940,059	-406,212	533,847	35,100.00	15.21	34.00
35.00	Dietary under contract (see instructions)		628,851	0	628,851	12,481.00	50.38	35.00
36.00	Cafeteria	11.00	0	406,212	406,212	26,927.00	15.09	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,526,160	0	2,526,160	53,914.00	46.86	38.00
39.00	Central Services and Supply	14.00	325,218	0	325,218	14,076.00	23.10	39.00
40.00	Pharmacy	15.00	1,751,713	0	1,751,713	37,518.00	46.69	40.00
41.00	Medical Records & Medical Records Library	16.00	403,030	0	403,030	8,702.00	46.31	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 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)	39,739,405	0	39,739,405	1,165,530.60	34.10	1.00
2.00	Excluded area salaries (see instructions)	3,619,157	-209,774	3,409,383	99,511.00	34.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,120,248	209,774	36,330,022	1,066,019.60	34.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,016,536	0	21,016,536	485,444.56	43.29	4.00
5.00	Subtotal wage-related costs (see inst.)	8,811,998	0	8,811,998	0.00	24.26	5.00
6.00	Total (sum of lines 3 thru 5)	65,948,782	209,774	66,158,556	1,551,464.16	42.64	6.00
7.00	Total overhead cost (see instructions)	10,642,217	0	10,642,217	344,573.00	30.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 10:55 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,410,324 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)			121,679 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			3,564,126 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			93,990 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			20,298 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)			117,649 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			554,061 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,769,839 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			53,330 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			75,840 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,781,136 24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ACTIVITIES & ASSISTANCE PROG			13,278 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 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	7,068,348	8,830,756	1.00
2.00	Hospital	7,068,348	8,061,046	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	720,090	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	49,620	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 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)		0.148751		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,213,445		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		134,756,774		6.00
7.00	Medicaid cost (line 1 times line 6)		20,045,205		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)		8,831,760		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)		8,831,760		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)	26,173,237	2,338,657	28,511,894	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,893,295	2,338,657	6,231,952	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,893,295	2,338,657	6,231,952	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)		5,100,462		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		538,708		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		828,781		27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,271,681		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		925,490		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,157,442		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,989,202		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0217

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

Worksheet A

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,539,066	2,539,066	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,455,838	5,455,838	2.00
3.00	00300	OTHER CAP REL COSTS		62,871	62,871	-62,871	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	60,535	489,852	550,387	0	550,387	4.00
5.01	01160	COMMUNICATIONS	139,038	272,156	411,194	-8,843	402,351	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	55,834	55,834	0	55,834	5.02
5.03	00570	ADMITTING	0	0	0	0	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.04
5.05	00590	OTHER ADMIN AND GENERAL	1,780,220	29,496,082	31,276,302	-1,722,554	29,553,748	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	2,033,597	2,033,597	-25,676	2,007,921	6.00
7.00	00700	OPERATION OF PLANT	1,015,295	4,648,198	5,663,493	-128,763	5,534,730	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	374,278	374,278	0	374,278	8.00
9.00	00900	HOUSEKEEPING	651,200	1,256,431	1,907,631	-5,361	1,902,270	9.00
10.00	01000	DIETARY	940,059	1,686,007	2,626,066	-1,138,860	1,487,206	10.00
11.00	01100	CAFETERIA	0	0	0	1,125,101	1,125,101	11.00
13.00	01300	NURSING ADMINISTRATION	2,526,160	1,106,133	3,632,293	-518,418	3,113,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	325,218	300,879	626,097	-50,457	575,640	14.00
15.00	01500	PHARMACY	1,751,713	7,969,549	9,721,262	-7,587,522	2,133,740	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	403,030	195,827	598,857	-1,248	597,609	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	209,774	75,677	285,451	-285,451	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,611,641	2,813,145	12,424,786	-10,540	12,414,246	30.00
31.00	03100	INTENSIVE CARE UNIT	2,062,371	1,550,738	3,613,109	-55,309	3,557,800	31.00
41.00	04100	SUBPROVIDER - IRF	3,310,763	3,958,057	7,268,820	-1,951,918	5,316,902	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,708,635	11,394,298	13,102,933	-9,965,477	3,137,456	50.00
51.00	05100	RECOVERY ROOM	1,940,737	618,867	2,559,604	0	2,559,604	51.00
53.00	05300	ANESTHESIOLOGY	67,598	2,254,769	2,322,367	-23,158	2,299,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,110,163	2,932,196	5,042,359	-2,054,888	2,987,471	54.00
54.01	03650	VASCULAR LAB	470,603	302,359	772,962	-66,380	706,582	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	850,349	1,840,094	2,690,443	-673,001	2,017,442	55.00
57.00	05700	CT SCAN	397,175	235,294	632,469	-18,375	614,094	57.00
58.00	05800	MRI	218,550	239,107	457,657	-22,863	434,794	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,171,267	5,115,874	6,287,141	-4,333,380	1,953,761	59.00
60.00	06000	LABORATORY	0	4,471,319	4,471,319	-78,987	4,392,332	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	412,732	412,732	0	412,732	62.00
65.00	06500	RESPIRATORY THERAPY	921,211	383,628	1,304,839	-9,023	1,295,816	65.00
66.00	06600	PHYSICAL THERAPY	3,101	1,779,824	1,782,925	409,891	2,192,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	244	5,630	5,874	952,497	958,371	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,956	2,956	577,569	580,525	68.00
69.00	06900	ELECTROCARDIOLOGY	550,405	188,646	739,051	-25,067	713,984	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,370,319	5,370,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,505,868	8,505,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,298,922	8,298,922	73.00
74.00	07400	RENAL DIALYSIS	0	551,216	551,216	0	551,216	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	325,791	98,548	424,339	0	424,339	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	256,145	131,241	387,386	-9,939	377,447	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	65,189	1,526,303	1,591,492	-711,400	880,092	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,479,866	3,191,238	5,671,104	261,274	5,932,378	91.00
91.01	09101	C'VILLE OUT	23,937	278,349	302,286	0	302,286	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	243,053	132,273	375,326	0	375,326	91.03
91.04	09104	HUNTLEY OP	0	1,366	1,366	-1,366	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,943,803	1,943,803	-1,943,803	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,591,036	98,377,241	136,968,277	5,447	136,973,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	259,769	259,769	-5,447	254,322	194.01
194.02	07952	COMMUNITY WELLNESS	98,620	18,901	117,521	0	117,521	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	756	756	0	756	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	38,689,656	98,656,667	137,346,323	0	137,346,323	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0217

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

Worksheet A

Date/Time Prepared:
11/26/2019 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	CAP REL COSTS-BLDG & FIXT	-1,078,310	1,460,756	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-448,987	5,006,851	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	322,475	872,862	4.00
5.01	01160	COMMUNICATIONS	0	402,351	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	628,097	683,931	5.02
5.03	00570	ADMITTING	332,789	332,789	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,352,680	2,352,680	5.04
5.05	00590	OTHER ADMIN AND GENERAL	-7,193,790	22,359,958	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	2,007,921	6.00
7.00	00700	OPERATION OF PLANT	62,986	5,597,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,784	376,062	8.00
9.00	00900	HOUSEKEEPING	0	1,902,270	9.00
10.00	01000	DIETARY	-111	1,487,095	10.00
11.00	01100	CAFETERIA	-431,423	693,678	11.00
13.00	01300	NURSING ADMINISTRATION	-32,349	3,081,526	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	158,837	734,477	14.00
15.00	01500	PHARMACY	-500	2,133,240	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	803,972	1,401,581	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-78,274	12,335,972	30.00
31.00	03100	INTENSIVE CARE UNIT	-110,721	3,447,079	31.00
41.00	04100	SUBPROVIDER - IRF	-62,854	5,254,048	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,137,456	50.00
51.00	05100	RECOVERY ROOM	0	2,559,604	51.00
53.00	05300	ANESTHESIOLOGY	-2,037,750	261,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,051	2,978,420	54.00
54.01	03650	VASCULAR LAB	0	706,582	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-81,574	1,935,868	55.00
57.00	05700	CT SCAN	0	614,094	57.00
58.00	05800	MRI	0	434,794	58.00
59.00	05900	CARDIAC CATHETERIZATION	-94,212	1,859,549	59.00
60.00	06000	LABORATORY	45,653	4,437,985	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	412,732	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,295,816	65.00
66.00	06600	PHYSICAL THERAPY	0	2,192,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	958,371	67.00
68.00	06800	SPEECH PATHOLOGY	0	580,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0	713,984	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,370,319	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,505,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,298,922	73.00
74.00	07400	RENAL DIALYSIS	0	551,216	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	424,339	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	377,447	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-2,416	877,676	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	0	90.01
91.00	09100	EMERGENCY	-2,033,975	3,898,403	91.00
91.01	09101	C'VILLE OUT	-79,460	222,826	91.01
91.02	09102	LAKE HILL OUT	0	0	91.02
91.03	09103	NUTRITION COUNSELING	-76,062	299,264	91.03
91.04	09104	HUNTLEY OP	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,142,546	127,831,178	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	194.00
194.01	07951	MOB	0	254,322	194.01
194.02	07952	COMMUNITY WELLNESS	0	117,521	194.02
194.03	07953	FUND DEVELOPMENT	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	756	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,142,546	128,203,777	200.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:55 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	406,212	718,889		1.00
	0		406,212	718,889		
	B - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,119,656		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,903,311		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	6,022,967		
	C - OTHER RECLASSIFICATIONS					
1.00	MOB	194.01	0	1,366		1.00
	TOTALS		0	1,366		
	D - DIRECTLY ASSIGNED DEPR					
1.00	C'VILLE OUT	91.01	0	34,737		1.00
2.00		0.00	0	0		2.00
	0		0	34,737		
	E - REHAB CARE RECLASSIFICATION					
1.00	OCCUPATIONAL THERAPY	67.00	0	213,007		1.00
2.00	SPEECH PATHOLOGY	68.00	0	263,817		2.00
3.00	PHYSICAL THERAPY	66.00	0	889,464		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	739,490		4.00
5.00	SPEECH PATHOLOGY	68.00	0	316,685		5.00
	TOTALS		0	2,422,463		
	H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	614,259		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,329,544		2.00
	0		0	1,943,803		
	I - EMS TRAINING COSTS					
1.00	EMERGENCY	91.00	209,774	75,677		1.00
	0		209,774	75,677		
	K - DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,587,522		1.00
	0		0	7,587,522		
	L - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,505,868		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	476,906		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
	0		0	8,982,774		
	M - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,370,319		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	234,494		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:55 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
5.00	0.00	0	0			5.00
0		0	5,604,813			
500.00	Grand Total: Increases	615,986	33,395,011			500.00

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:55 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA						
1.00	DIETARY	10.00	406,212	718,889	0		1.00
	0		406,212	718,889			
	B - EQUIP DEPR						
1.00	COMMUNICATIONS	5.01	0	8,843	9		1.00
2.00	OTHER ADMIN AND GENERAL	5.05	0	1,722,554	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	25,676	0		3.00
4.00	OPERATION OF PLANT	7.00	0	128,763	0		4.00
5.00	HOUSEKEEPING	9.00	0	5,361	0		5.00
6.00	DIETARY	10.00	0	13,759	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	518,418	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	50,457	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,248	0		9.00
10.00	EMERGENCY	91.00	0	2,097	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	10,540	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	55,309	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	6,279	0		13.00
14.00	OPERATING ROOM	50.00	0	326,857	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	23,158	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,054,813	0		16.00
17.00	VASCULAR LAB	54.01	0	10,000	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	665,157	0		18.00
19.00	CT SCAN	57.00	0	618	0		19.00
20.00	MRI	58.00	0	22,863	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	177,869	0		21.00
22.00	LABORATORY	60.00	0	78,987	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	9,023	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	2,749	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	2,933	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	25,067	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	9,939	0		27.00
28.00	EMERGENCY	91.00	0	22,080	0		28.00
29.00	C'VILLE OUT	91.01	0	34,737	0		29.00
30.00	MOB	194.01	0	6,813	0		30.00
	0		0	6,022,967			
	C - OTHER RECLASSIFICATIONS						
1.00	HUNTLEY OP	91.04	0	1,366	0		1.00
	TOTALS		0	1,366			
	D - DIRECTLY ASSIGNED DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,053	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,684	9		2.00
	0		0	34,737			
	E - REHAB CARE RECLASSIFICATION						
1.00	PHYSICAL THERAPY	66.00	0	213,007	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	263,817	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	889,464	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	739,490	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	316,685	0		5.00
	TOTALS		0	2,422,463			
	H - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,943,803	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	1,943,803			
	I - EMS TRAINING COSTS						
1.00	PARAMED ED PRGM-AMBULANCE	23.00	209,774	75,677	0		1.00
	0		209,774	75,677			
	K - DRUG COSTS						
1.00	PHARMACY	15.00	0	7,587,522	0		1.00
	0		0	7,587,522			
	L - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	6,730,437	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75	0		2.00
3.00	VASCULAR LAB	54.01	0	228	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,844	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,767,284	0		5.00
6.00	HYPERBARIC OXYGEN THERAPY	76.98	0	476,906	0		6.00
	0		0	8,982,774			
	M - BILLABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	2,908,183	0		1.00
2.00	VASCULAR LAB	54.01	0	56,152	0		2.00
3.00	CT SCAN	57.00	0	17,757	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,388,227	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	234,494	0		5.00
	0		0	5,604,813			

RECLASSIFICATIONS

Provider CCN: 14-0217

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 10:55 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
500.00	Grand Total: Decreases		615,986	33,395,011			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/26/2019 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	5,020,000	0	0	0	0	1.00	
2.00	Land Improvements	1,279,250	0	0	0	7,750	2.00	
3.00	Buildings and Fixtures	47,321,259	700,755	0	700,755	59,098	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	11,601,271	2,692,126	0	2,692,126	8,250	5.00	
6.00	Movable Equipment	1,121,547	684,963	0	684,963	1,121,547	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	66,343,327	4,077,844	0	4,077,844	1,196,645	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	66,343,327	4,077,844	0	4,077,844	1,196,645	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,020,000	0				1.00	
2.00	Land Improvements	1,271,500	0				2.00	
3.00	Buildings and Fixtures	47,962,916	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,285,147	0				5.00	
6.00	Movable Equipment	684,963	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	69,224,526	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	69,224,526	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/26/2019 10:55 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/26/2019 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	CAP REL COSTS-BLDG & FIXT	48,558,018	0	48,558,018	0.756302	47,549	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,646,507	0	15,646,507	0.243698	15,322	2.00
3.00	Total (sum of lines 1-2)	64,204,525	0	64,204,525	1.000000	62,871	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	47,549	1,413,207	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	15,322	4,991,529	0	2.00
3.00	Total (sum of lines 1-2)	0	0	62,871	6,404,736	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	47,549	0	0	1,460,756	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,322	0	0	5,006,851	2.00
3.00	Total (sum of lines 1-2)	0	62,871	0	0	6,467,607	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0217

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-31,083	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-67,280	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,610,146			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	-2,385,814			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-428,398	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-3,025	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-464,051	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	340,030	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	HOME OFFICE INTEREST INCOME		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0217

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 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	
34.01	MISC REVENUE	B	-11,020	EMERGENCY	91.00	0	34.01
34.02	MISC REVENUE	B	-500	PHARMACY	15.00	0	34.02
34.03	MISC REVENUE	B	-36,377	OTHER ADMIN AND GENERAL	5.05	0	34.03
34.05	MISC REVENUE	B	-100	RADIOLOGY-DIAGNOSTIC	54.00	0	34.05
34.06	MISC REVENUE		0		0.00	0	34.06
34.07	RENTAL INCOME IC	B	-22,734	OTHER ADMIN AND GENERAL	5.05	0	34.07
34.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.08
34.10	MISC REVENUE	B	-74,756	NUTRITION COUNSELING	91.03	0	34.10
35.00	SISTERS MEALS		0		0.00	0	35.00
35.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.10
36.00	EMS	B	-65,582	EMERGENCY	91.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
38.00	EMPLOYEE ASSISTANCE PROGRAM	B	-87,459	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	PSYCH EDUCATION	B	-55,053	ADULTS & PEDIATRICS	30.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.00
41.00	RENT	B	-79,460	C'VILLE OUT	91.01	0	41.00
42.00	CONTRIBUTIONS	A	-16,292	OTHER ADMIN AND GENERAL	5.05	0	42.00
43.00	CONTRIBUTIONS	A	-32,073	NURSING ADMINISTRATION	13.00	0	43.00
44.00	INCOME TAX	A	-6,426	OTHER ADMIN AND GENERAL	5.05	0	44.00
45.00	MARKETING AND ADVERTISING	A	-675	RADIOLOGY-DIAGNOSTIC	54.00	0	45.00
46.00	MARKETING AND ADVERTISING	A	-541	OTHER ADMIN AND GENERAL	5.05	0	46.00
47.00	MARKETING AND ADVERTISING	A	-276	NURSING ADMINISTRATION	13.00	0	47.00
48.00	MARKETING AND ADVERTISING	A	-3,344	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
49.00	MARKETING AND ADVERTISING	A	-111	DIETARY	10.00	0	49.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,142,546				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: 14-0217

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

Worksheet A-8-1

Date/Time Prepared:

11/26/2019 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	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	333,758	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	722,409	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-916,934	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	INTERST INCOME	-1,984,673	0	3.01
3.02	5.05	OTHER ADMIN AND GENERAL	INFORMATION SYSTEMS	1,130,015	17,333,654	3.02
3.03	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	158,837	0	3.03
3.04	5.05	OTHER ADMIN AND GENERAL	MARKETING	12,586	0	3.04
3.05	5.02	PURCHASING RECEIVING AND STO	MATERIAL MANAGEMENT	501,263	0	3.05
3.06	5.05	OTHER ADMIN AND GENERAL	PRESENSE ABHS ALLOCATION	2,811,466	0	3.06
3.07	5.05	OTHER ADMIN AND GENERAL	NATIONAL OFFICE ALLOCATION	-145,295	0	3.07
3.08	5.05	OTHER ADMIN AND GENERAL	FUNCTIONAL ADMIN & GEN	1,326,755	0	3.08
3.09	31.00	INTENSIVE CARE UNIT	TELE ICU	457,145	0	3.09
3.10	16.00	MEDICAL RECORDS & LIBRARY	EMR & CODERS	813,102	0	3.10
3.11	5.04	CASHIERING/ACCOUNTS RECEIVAB	HOSPITAL PFS	2,352,680	0	3.11
3.12	5.05	OTHER ADMIN AND GENERAL	HEALTH LINK	420,274	0	3.12
3.13	5.05	OTHER ADMIN AND GENERAL	HOSPITAL SERVICES	1,572,170	0	3.13
3.14	5.05	OTHER ADMIN AND GENERAL	FUNCTIONAL INFORMATION SYSTE	3,361,338	0	3.14
3.15	5.05	OTHER ADMIN AND GENERAL	FUNCTIONAL MARKETING	168,967	0	3.15
3.16	5.02	PURCHASING RECEIVING AND STO	FUNCTIONAL MATERIALS MANAGEM	126,834	0	3.16
3.17	2.00	CAP REL COSTS-MVBLE EQUIP	POOLING CAPITAL	134,204	0	3.17
3.18	5.05	OTHER ADMIN AND GENERAL	POOLING NON CAPITAL	-198,457	0	3.18
4.00	5.03	ADMITTING	CENTRAL SCHEDULING	332,789	0	4.00
4.01	5.05	OTHER ADMIN AND GENERAL	CLINICAL SERVICES	515,480	0	4.01
4.02	7.00	OPERATION OF PLANT	FACILITY SERVICES	62,986	0	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	413,278	0	4.03
4.04	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	1,784	0	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	RENTAL EXPENSE	406,323	0	4.05
4.06	0.00			0	0	4.06
4.07	60.00	LABORATORY	LAB	4,367,645	4,310,889	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,258,729	21,644,543	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0217

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 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	333,758	11		1.00
2.00	722,409	11		2.00
3.00	-916,934	11		3.00
3.01	-1,984,673	11		3.01
3.02	-16,203,639	0		3.02
3.03	158,837	0		3.03
3.04	12,586	0		3.04
3.05	501,263	0		3.05
3.06	2,811,466	0		3.06
3.07	-145,295	0		3.07
3.08	1,326,755	0		3.08
3.09	457,145	0		3.09
3.10	813,102	0		3.10
3.11	2,352,680	0		3.11
3.12	420,274	0		3.12
3.13	1,572,170	0		3.13
3.14	3,361,338	0		3.14
3.15	168,967	0		3.15
3.16	126,834	0		3.16
3.17	134,204	9		3.17
3.18	-198,457	0		3.18
4.00	332,789	0		4.00
4.01	515,480	0		4.01
4.02	62,986	0		4.02
4.03	413,278	0		4.03
4.04	1,784	0		4.04
4.05	406,323	9		4.05
4.06	0	0		4.06
4.07	56,756	0		4.07
5.00	-2,385,814			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	HOME OFFICE	6.00
7.00	LABORATORY	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0217

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

Worksheet A-8-2

Date/Time Prepared:
11/26/2019 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	5.05	OTHER ADMIN AND GENERAL	785,908	739,164	46,744	211,500	323	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	28,450	0	28,450	211,500	190	2.00
3.00	30.00	ADULTS & PEDIATRICS	54,600	600	54,000	181,300	360	3.00
4.00	31.00	INTENSIVE CARE UNIT	567,866	567,866	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	76,800	0	76,800	181,300	160	5.00
6.00	53.00	ANESTHESIOLOGY	2,037,750	2,037,750	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	70,368	99	70,269	271,900	475	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	266,414	80,499	185,915	271,900	1,414	8.00
9.00	59.00	CARDIAC CATHETERIZATION	109,376	91,976	17,400	271,900	116	9.00
10.00	60.00	LABORATORY	34,592	0	34,592	211,500	231	10.00
11.00	91.00	EMERGENCY	2,017,067	1,952,717	64,350	260,300	477	11.00
12.00	91.03	NUTRITION COUNSELING	7,000	0	7,000	211,500	56	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	7,500	0	7,500	211,500	50	13.00
200.00			6,063,691	5,470,671	593,020		3,852	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	5.05	OTHER ADMIN AND GENERAL	32,843	1,642	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	19,320	966	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	31,379	1,569	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	13,946	697	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	62,092	3,105	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	184,840	9,242	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	15,164	758	0	0	0	9.00
10.00	60.00	LABORATORY	23,489	1,174	0	0	0	10.00
11.00	91.00	EMERGENCY	59,694	2,985	0	0	0	11.00
12.00	91.03	NUTRITION COUNSELING	5,694	285	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	5,084	254	0	0	0	13.00
200.00			453,545	22,677	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	5.05	OTHER ADMIN AND GENERAL	0	32,843	13,901	753,065		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	19,320	9,130	9,130		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	31,379	22,621	23,221		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	567,866		4.00
5.00	41.00	SUBPROVIDER - IRF	0	13,946	62,854	62,854		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	2,037,750		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	62,092	8,177	8,276		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	184,840	1,075	81,574		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	15,164	2,236	94,212		9.00
10.00	60.00	LABORATORY	0	23,489	11,103	11,103		10.00
11.00	91.00	EMERGENCY	0	59,694	4,656	1,957,373		11.00
12.00	91.03	NUTRITION COUNSELING	0	5,694	1,306	1,306		12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	5,084	2,416	2,416		13.00
200.00			0	453,545	139,475	5,610,146		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,460,756	1,460,756			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,006,851	5,006,851			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	872,862	1,988	6,814	881,664	4.00
5.01	01160	COMMUNICATIONS	402,351	12,031	41,237	3,173	458,792
5.02	00560	PURCHASING RECEIVING AND STORES	683,931	11,271	38,634	0	7,169
5.03	00570	ADMITTING	332,789	1,728	5,924	0	12,744
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,352,680	0	0	0	16,727
5.05	00590	OTHER ADMIN AND GENERAL	22,359,958	72,613	248,886	40,632	71,679
6.00	00600	MAINTENANCE & REPAIRS	2,007,921	151,884	520,594	0	797
7.00	00700	OPERATION OF PLANT	5,597,716	516,836	1,771,496	23,173	15,930
8.00	00800	LAUNDRY & LINEN SERVICE	376,062	4,522	15,498	0	797
9.00	00900	HOUSEKEEPING	1,902,270	6,038	20,697	14,863	1,593
10.00	01000	DIETARY	1,487,095	24,524	84,059	12,185	10,355
11.00	01100	CAFETERIA	693,678	18,813	64,484	9,271	1,593
13.00	01300	NURSING ADMINISTRATION	3,081,526	3,609	12,372	57,657	16,727
14.00	01400	CENTRAL SERVICES & SUPPLY	734,477	16,843	57,730	7,423	3,983
15.00	01500	PHARMACY	2,133,240	5,739	19,672	39,981	5,576
16.00	01600	MEDICAL RECORDS & LIBRARY	1,401,581	15,010	51,447	9,199	15,930
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,335,972	180,985	620,338	219,370	67,704
31.00	03100	INTENSIVE CARE UNIT	3,447,079	26,709	91,547	47,072	5,576
41.00	04100	SUBPROVIDER - IRF	5,254,048	65,213	223,522	75,565	10,355
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,137,456	45,116	154,639	38,998	24,692
51.00	05100	RECOVERY ROOM	2,559,604	27,150	93,057	44,295	4,779
53.00	05300	ANESTHESIOLOGY	261,459	838	2,872	1,543	2,390
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,978,420	47,414	162,516	48,162	27,878
54.01	03650	VASCULAR LAB	706,582	3,483	11,938	10,741	797
55.00	05500	RADIOLOGY-THERAPEUTIC	1,935,868	67,504	231,376	19,408	24,692
57.00	05700	CT SCAN	614,094	3,516	12,050	9,065	0
58.00	05800	MRI	434,794	3,996	13,696	4,988	0
59.00	05900	CARDIAC CATHETERIZATION	1,859,549	9,724	33,330	26,733	0
60.00	06000	LABORATORY	4,437,985	14,892	51,043	0	15,930
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	412,732	2,405	8,243	0	797
65.00	06500	RESPIRATORY THERAPY	1,295,816	3,452	11,833	21,026	5,576
66.00	06600	PHYSICAL THERAPY	2,192,816	0	0	71	7,169
67.00	06700	OCCUPATIONAL THERAPY	958,371	19,014	65,172	6	797
68.00	06800	SPEECH PATHOLOGY	580,525	0	0	0	797
69.00	06900	ELECTROCARDIOLOGY	713,984	17,089	58,575	12,562	5,576
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,370,319	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,505,868	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,298,922	0	0	0	0
74.00	07400	RENAL DIALYSIS	551,216	1,325	4,540	0	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	424,339	5,689	19,500	7,436	13,541
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	377,447	1,687	5,782	5,846	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	877,676	0	0	1,488	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0
91.00	09100	EMERGENCY	3,898,403	45,551	156,128	61,388	29,471
91.01	09101	C'VILLE OUT	222,826	0	0	546	797
91.02	09102	LAKE HILL OUT	0	0	0	0	0
91.03	09103	NUTRITION COUNSELING	299,264	0	0	5,547	0
91.04	09104	HUNTLEY OP	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,831,178	1,456,201	4,991,241	879,413	430,914
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,302	11,317	0	1,593
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0
194.01	07951	MOB	254,322	0	0	0	23,099
194.02	07952	COMMUNITY WELLNESS	117,521	0	0	2,251	0
194.03	07953	FUND DEVELOPMENT	0	1,253	4,293	0	3,186
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	756	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	128,203,777	1,460,756	5,006,851	881,664	458,792	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	741,005					5.02
5.03	00570	ADMITTING	0	353,185				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,369,407			5.04
5.05	00590	OTHER ADMIN AND GENERAL	6,916	0	0	22,800,684	22,800,684	5.05
6.00	00600	MAINTENANCE & REPAIRS	4	0	0	2,681,200	579,995	6.00
7.00	00700	OPERATION OF PLANT	4,444	0	0	7,929,595	1,715,322	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,151	0	0	403,030	87,183	8.00
9.00	00900	HOUSEKEEPING	2,883	0	0	1,948,344	421,464	9.00
10.00	01000	DIETARY	11,907	0	0	1,630,125	352,627	10.00
11.00	01100	CAFETERIA	9,060	0	0	796,899	172,384	11.00
13.00	01300	NURSING ADMINISTRATION	995	0	0	3,172,886	686,356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	820,456	177,480	14.00
15.00	01500	PHARMACY	2,250	0	0	2,206,458	477,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	69	0	0	1,493,236	323,015	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,160	42,528	286,052	13,772,109	2,979,160	30.00
31.00	03100	INTENSIVE CARE UNIT	10,010	9,032	60,573	3,697,598	799,861	31.00
41.00	04100	SUBPROVIDER - IRF	8,262	14,589	97,836	5,749,390	1,243,702	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,250	39,687	266,153	3,709,991	802,542	50.00
51.00	05100	RECOVERY ROOM	6,389	15,472	103,760	2,854,506	617,484	51.00
53.00	05300	ANESTHESIOLOGY	5,944	7,727	51,820	334,593	72,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,798	13,307	89,241	3,373,736	729,803	54.00
54.01	03650	VASCULAR LAB	51	5,761	38,635	777,988	168,294	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	5,170	8,134	54,547	2,346,699	507,636	55.00
57.00	05700	CT SCAN	449	23,101	154,921	817,196	176,775	57.00
58.00	05800	MRI	269	5,423	36,365	499,531	108,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	207	20,090	134,731	2,084,364	450,888	59.00
60.00	06000	LABORATORY	1,639	24,233	162,514	4,708,236	1,018,481	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17	845	5,670	430,709	93,171	62.00
65.00	06500	RESPIRATORY THERAPY	6,617	5,165	34,637	1,384,122	299,412	65.00
66.00	06600	PHYSICAL THERAPY	1,355	10,184	68,296	2,279,891	493,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	192	4,019	26,955	1,074,526	232,440	67.00
68.00	06800	SPEECH PATHOLOGY	1	1,012	6,788	589,123	127,438	68.00
69.00	06900	ELECTROCARDIOLOGY	836	10,976	73,607	893,205	193,217	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	232,014	11,807	79,181	5,693,321	1,231,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	367,484	23,014	154,339	9,050,705	1,957,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,923	133,609	8,452,454	1,828,426	73.00
74.00	07400	RENAL DIALYSIS	0	1,077	7,221	565,379	122,302	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,408	16,149	489,062	105,793	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	213	903	6,058	397,936	86,081	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	277	2,980	19,986	902,407	195,208	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,908	28,225	189,283	4,424,357	957,072	91.00
91.01	09101	C'VILLE OUT	1,372	378	2,536	228,455	49,419	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	2,288	1,185	7,944	316,228	68,406	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	740,851	353,185	2,369,407	127,780,730	22,709,170	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,212	3,507	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	121	0	0	277,542	60,038	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	119,772	25,909	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	8,732	1,889	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	33	0	0	789	171	194.04
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)	741,005	353,185	2,369,407	128,203,777	22,800,684	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	3,261,195					6.00
7.00	00700	OPERATION OF PLANT	1,393,855	11,038,772				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,194	72,087	574,494			8.00
9.00	00900	HOUSEKEEPING	16,285	96,267	0	2,482,360		9.00
10.00	01000	DIETARY	66,140	390,984	0	89,285	2,529,161	10.00
11.00	01100	CAFETERIA	50,738	299,935	0	68,493	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,734	57,545	0	13,141	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,423	268,519	0	61,319	0	14.00
15.00	01500	PHARMACY	15,478	91,501	0	20,895	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,479	239,294	0	54,645	0	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	488,096	2,885,376	376,261	658,902	1,710,584	30.00
31.00	03100	INTENSIVE CARE UNIT	72,031	425,810	36,361	97,238	82,667	31.00
41.00	04100	SUBPROVIDER - IRF	175,872	1,039,667	161,872	237,417	735,910	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	121,674	719,274	0	164,253	0	50.00
51.00	05100	RECOVERY ROOM	73,220	432,838	0	98,842	0	51.00
53.00	05300	ANESTHESIOLOGY	2,260	13,360	0	3,051	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,871	755,909	0	172,619	0	54.00
54.01	03650	VASCULAR LAB	9,393	55,527	0	12,680	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	182,052	1,076,197	0	245,760	0	55.00
57.00	05700	CT SCAN	9,481	56,049	0	12,799	0	57.00
58.00	05800	MRI	10,776	63,703	0	14,547	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,225	155,030	0	35,402	0	59.00
60.00	06000	LABORATORY	40,162	237,415	0	54,216	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,486	38,340	0	8,755	0	62.00
65.00	06500	RESPIRATORY THERAPY	9,311	55,040	0	12,569	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,279	303,136	0	69,224	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,088	272,450	0	62,217	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,572	21,118	0	4,823	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,343	90,701	0	20,712	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	4,549	26,894	0	6,141	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	122,845	726,197	0	165,834	0	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,248,912	10,966,163	574,494	2,465,779	2,529,161	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,905	52,639	0	12,021	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	3,378	19,970	0	4,560	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	3,261,195	11,038,772	574,494	2,482,360	2,529,161	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,388,449					11.00
13.00	01300	NURSING ADMINISTRATION	80,046	4,019,708				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,899	0	1,394,096			14.00
15.00	01500	PHARMACY	55,703	0	4,490	2,871,824		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,920	1,792	138	0	2,165,519	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	430,167	1,959,765	38,230	25,185	261,618	30.00
31.00	03100	INTENSIVE CARE UNIT	76,220	383,972	19,973	11,486	55,355	31.00
41.00	04100	SUBPROVIDER - IRF	144,557	718,821	16,485	1,819	89,408	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,808	128,377	6,485	12,040	243,227	50.00
51.00	05100	RECOVERY ROOM	79,522	301,544	12,747	19,905	94,822	51.00
53.00	05300	ANESTHESIOLOGY	2,631	66	11,860	11,776	47,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,539	51,507	13,565	4,787	81,554	54.00
54.01	03650	VASCULAR LAB	12,397	0	102	2,277	35,307	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	34,142	56,432	10,316	5,628	49,848	55.00
57.00	05700	CT SCAN	17,629	0	897	31,243	141,577	57.00
58.00	05800	MRI	6,761	0	538	6,251	33,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,620	28,109	414	46,287	123,126	59.00
60.00	06000	LABORATORY	3,292	140	3,270	30,120	148,516	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	33	0	5,182	62.00
65.00	06500	RESPIRATORY THERAPY	38,729	0	13,203	142	31,654	65.00
66.00	06600	PHYSICAL THERAPY	89	0	2,705	21	62,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	10	0	384	0	24,633	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2	0	6,203	68.00
69.00	06900	ELECTROCARDIOLOGY	24,360	15,982	1,668	2,527	67,267	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	462,943	0	72,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	733,233	0	141,045	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,626,997	122,100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,693	6,599	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,720	14,165	0	0	14,758	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	10,099	26,210	425	78	5,537	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,341	0	552	165	18,264	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	111,363	332,596	31,828	29,397	172,978	91.00
91.01	09101	C'VILLE OUT	1,641	0	2,738	0	2,318	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	12,056	0	4,565	0	7,260	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,385,261	4,019,478	1,393,789	2,871,824	2,165,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	242	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	3,188	230	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	65	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,388,449	4,019,708	1,394,096	2,871,824	2,165,519	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	25,585,453	0	25,585,453	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,758,572	0	5,758,572	31.00
41.00	04100	SUBPROVIDER - IRF	0	10,314,920	0	10,314,920	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,975,671	0	5,975,671	50.00
51.00	05100	RECOVERY ROOM	0	4,585,430	0	4,585,430	51.00
53.00	05300	ANESTHESIOLOGY	0	499,332	0	499,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,399,890	0	5,399,890	54.00
54.01	03650	VASCULAR LAB	0	1,073,965	0	1,073,965	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,514,710	0	4,514,710	55.00
57.00	05700	CT SCAN	0	1,263,646	0	1,263,646	57.00
58.00	05800	MRI	0	743,398	0	743,398	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,985,465	0	2,985,465	59.00
60.00	06000	LABORATORY	0	6,243,848	0	6,243,848	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	582,676	0	582,676	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,844,182	0	1,844,182	65.00
66.00	06600	PHYSICAL THERAPY	0	2,838,304	0	2,838,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,755,632	0	1,755,632	67.00
68.00	06800	SPEECH PATHOLOGY	0	722,766	0	722,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,578,981	0	1,578,981	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,460,198	0	7,460,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,882,822	0	11,882,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,029,977	0	13,029,977	73.00
74.00	07400	RENAL DIALYSIS	0	727,486	0	727,486	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	766,254	0	766,254	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	563,950	0	563,950	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,118,937	0	1,118,937	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,074,467	0	7,074,467	91.00
91.01	09101	C'VILLE OUT	0	284,571	0	284,571	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	408,515	0	408,515	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	127,584,018	0	127,584,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	93,284	0	93,284	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	194.00
194.01	07951	MOB	0	337,822	0	337,822	194.01
194.02	07952	COMMUNITY WELLNESS	0	149,099	0	149,099	194.02
194.03	07953	FUND DEVELOPMENT	0	38,529	0	38,529	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	1,025	0	1,025	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	128,203,777	0	128,203,777	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,988	6,814	8,802	4.00
5.01	01160	COMMUNICATIONS	0	12,031	41,237	53,268	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	11,271	38,634	49,905	5.02
5.03	00570	ADMITTING	0	1,728	5,924	7,652	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.04
5.05	00590	OTHER ADMIN AND GENERAL	0	72,613	248,886	321,499	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	151,884	520,594	672,478	6.00
7.00	00700	OPERATION OF PLANT	0	516,836	1,771,496	2,288,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,522	15,498	20,020	8.00
9.00	00900	HOUSEKEEPING	0	6,038	20,697	26,735	9.00
10.00	01000	DIETARY	0	24,524	84,059	108,583	10.00
11.00	01100	CAFETERIA	0	18,813	64,484	83,297	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,609	12,372	15,981	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,843	57,730	74,573	14.00
15.00	01500	PHARMACY	0	5,739	19,672	25,411	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,010	51,447	66,457	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	180,985	620,338	801,323	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,709	91,547	118,256	31.00
41.00	04100	SUBPROVIDER - IRF	0	65,213	223,522	288,735	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	45,116	154,639	199,755	50.00
51.00	05100	RECOVERY ROOM	0	27,150	93,057	120,207	51.00
53.00	05300	ANESTHESIOLOGY	0	838	2,872	3,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,414	162,516	209,930	54.00
54.01	03650	VASCULAR LAB	0	3,483	11,938	15,421	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	67,504	231,376	298,880	55.00
57.00	05700	CT SCAN	0	3,516	12,050	15,566	57.00
58.00	05800	MRI	0	3,996	13,696	17,692	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,724	33,330	43,054	59.00
60.00	06000	LABORATORY	0	14,892	51,043	65,935	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,405	8,243	10,648	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,452	11,833	15,285	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,014	65,172	84,186	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,089	58,575	75,664	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,325	4,540	5,865	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,689	19,500	25,189	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	1,687	5,782	7,469	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	45,551	156,128	201,679	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,456,201	4,991,241	6,447,442	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,302	11,317	14,619	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	194.00
194.01	07951	MOB	2,797	0	0	2,797	194.01
194.02	07952	COMMUNITY WELLNESS	1,021	0	0	1,021	194.02
194.03	07953	FUND DEVELOPMENT	0	1,253	4,293	5,546	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118 through 201)	3,818	1,460,756	5,006,851	6,471,425	8,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	53,300					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	833	50,738				5.02
5.03	00570	ADMITTING	1,481	0	9,133			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,943	0	0	1,943		5.04
5.05	00590	OTHER ADMIN AND GENERAL	8,321	474	0	0	330,700	5.05
6.00	00600	MAINTENANCE & REPAIRS	93	0	0	0	8,411	6.00
7.00	00700	OPERATION OF PLANT	1,851	304	0	0	24,875	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93	421	0	0	1,264	8.00
9.00	00900	HOUSEKEEPING	185	197	0	0	6,112	9.00
10.00	01000	DIETARY	1,203	815	0	0	5,114	10.00
11.00	01100	CAFETERIA	185	620	0	0	2,500	11.00
13.00	01300	NURSING ADMINISTRATION	1,943	68	0	0	9,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	463	0	0	0	2,574	14.00
15.00	01500	PHARMACY	648	154	0	0	6,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,851	5	0	0	4,684	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,865	1,312	838	434	43,252	30.00
31.00	03100	INTENSIVE CARE UNIT	648	685	241	44	11,599	31.00
41.00	04100	SUBPROVIDER - IRF	1,203	566	390	71	18,036	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,869	223	1,060	193	11,638	50.00
51.00	05100	RECOVERY ROOM	555	437	413	75	8,955	51.00
53.00	05300	ANESTHESIOLOGY	278	407	206	38	1,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,239	465	355	65	10,583	54.00
54.01	03650	VASCULAR LAB	93	3	154	28	2,441	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,869	354	217	39	7,362	55.00
57.00	05700	CT SCAN	0	31	617	112	2,564	57.00
58.00	05800	MRI	0	18	145	26	1,567	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14	536	98	6,539	59.00
60.00	06000	LABORATORY	1,851	112	647	118	14,770	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	93	1	23	4	1,351	62.00
65.00	06500	RESPIRATORY THERAPY	648	453	138	25	4,342	65.00
66.00	06600	PHYSICAL THERAPY	833	93	272	49	7,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	93	13	107	20	3,371	67.00
68.00	06800	SPEECH PATHOLOGY	93	0	27	5	1,848	68.00
69.00	06900	ELECTROCARDIOLOGY	648	57	293	53	2,802	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,885	315	57	17,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,167	614	112	28,392	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	532	97	26,515	73.00
74.00	07400	RENAL DIALYSIS	0	0	29	5	1,774	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,573	0	64	12	1,534	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	15	24	4	1,248	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	19	80	14	2,831	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,424	1,089	754	137	13,879	91.00
91.01	09101	C'VILLE OUT	93	94	10	2	717	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	157	32	6	992	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,061	50,728	9,133	1,943	329,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	185	0	0	0	51	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	2,684	8	0	0	871	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	376	194.02
194.03	07953	FUND DEVELOPMENT	370	0	0	0	27	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	2	0	0	2	194.04
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)	53,300	50,738	9,133	1,943	330,700	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	680,982					6.00
7.00	00700	OPERATION OF PLANT	291,057	2,606,650				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,546	17,022	41,366			8.00
9.00	00900	HOUSEKEEPING	3,400	22,732	0	59,509		9.00
10.00	01000	DIETARY	13,811	92,325	0	2,140	224,113	10.00
11.00	01100	CAFETERIA	10,595	70,825	0	1,642	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,033	13,588	0	315	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,485	63,407	0	1,470	0	14.00
15.00	01500	PHARMACY	3,232	21,607	0	501	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,453	56,506	0	1,310	0	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,921	681,341	27,093	15,794	151,578	30.00
31.00	03100	INTENSIVE CARE UNIT	15,041	100,549	2,618	2,331	7,325	31.00
41.00	04100	SUBPROVIDER - IRF	36,725	245,503	11,655	5,692	65,210	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,407	169,846	0	3,938	0	50.00
51.00	05100	RECOVERY ROOM	15,289	102,209	0	2,370	0	51.00
53.00	05300	ANESTHESIOLOGY	472	3,155	0	73	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,701	178,497	0	4,138	0	54.00
54.01	03650	VASCULAR LAB	1,961	13,112	0	304	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,015	254,129	0	5,892	0	55.00
57.00	05700	CT SCAN	1,980	13,235	0	307	0	57.00
58.00	05800	MRI	2,250	15,043	0	349	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,476	36,608	0	849	0	59.00
60.00	06000	LABORATORY	8,386	56,062	0	1,300	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,354	9,053	0	210	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,944	12,997	0	301	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,708	71,581	0	1,659	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,624	64,335	0	1,492	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	746	4,987	0	116	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,204	21,418	0	497	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	950	6,351	0	147	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	25,652	171,481	0	3,975	0	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	678,418	2,589,504	41,366	59,112	224,113	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,859	12,430	0	288	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	705	4,716	0	109	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	680,982	2,606,650	41,366	59,509	224,113	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	169,757					11.00
13.00	01300	NURSING ADMINISTRATION	9,787	54,244				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,555	0	154,601			14.00
15.00	01500	PHARMACY	6,810	0	498	66,182		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,580	24	15	0	140,977	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,594	26,446	4,240	580	17,316	30.00
31.00	03100	INTENSIVE CARE UNIT	9,319	5,182	2,215	265	3,595	31.00
41.00	04100	SUBPROVIDER - IRF	17,674	9,700	1,828	42	5,807	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,290	1,732	719	277	15,798	50.00
51.00	05100	RECOVERY ROOM	9,723	4,069	1,414	459	6,159	51.00
53.00	05300	ANESTHESIOLOGY	322	1	1,315	271	3,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,825	695	1,504	110	5,297	54.00
54.01	03650	VASCULAR LAB	1,516	0	11	52	2,293	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,174	762	1,144	130	3,238	55.00
57.00	05700	CT SCAN	2,155	0	99	720	9,195	57.00
58.00	05800	MRI	827	0	60	144	2,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,355	379	46	1,067	7,997	59.00
60.00	06000	LABORATORY	402	2	363	694	9,646	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4	0	337	62.00
65.00	06500	RESPIRATORY THERAPY	4,735	0	1,464	3	2,056	65.00
66.00	06600	PHYSICAL THERAPY	11	0	300	0	4,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	0	43	0	1,600	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	403	68.00
69.00	06900	ELECTROCARDIOLOGY	2,978	216	185	58	4,369	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	51,340	0	4,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	81,312	0	9,161	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	60,542	7,930	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	85	429	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,922	191	0	0	959	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	1,235	354	47	2	360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	286	0	61	4	1,186	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	13,616	4,488	3,530	677	11,235	91.00
91.01	09101	C'VILLE OUT	201	0	304	0	151	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1,474	0	506	0	472	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,367	54,241	154,567	66,182	140,977	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	27	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	390	3	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	7	0	0	194.04
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)	169,757	54,244	154,601	66,182	140,977	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		1,936,116	0	1,936,116	30.00
31.00	03100	INTENSIVE CARE UNIT		280,383	0	280,383	31.00
41.00	04100	SUBPROVIDER - IRF		709,592	0	709,592	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		442,135	0	442,135	50.00
51.00	05100	RECOVERY ROOM		272,776	0	272,776	51.00
53.00	05300	ANESTHESIOLOGY		14,389	0	14,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		452,885	0	452,885	54.00
54.01	03650	VASCULAR LAB		37,496	0	37,496	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		617,399	0	617,399	55.00
57.00	05700	CT SCAN		46,672	0	46,672	57.00
58.00	05800	MRI		40,329	0	40,329	58.00
59.00	05900	CARDIAC CATHETERIZATION		107,285	0	107,285	59.00
60.00	06000	LABORATORY		160,288	0	160,288	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		23,078	0	23,078	62.00
65.00	06500	RESPIRATORY THERAPY		44,601	0	44,601	65.00
66.00	06600	PHYSICAL THERAPY		12,765	0	12,765	66.00
67.00	06700	OCCUPATIONAL THERAPY		173,382	0	173,382	67.00
68.00	06800	SPEECH PATHOLOGY		2,376	0	2,376	68.00
69.00	06900	ELECTROCARDIOLOGY		162,899	0	162,899	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		90,157	0	90,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		144,758	0	144,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		95,616	0	95,616	73.00
74.00	07400	RENAL DIALYSIS		14,036	0	14,036	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		56,637	0	56,637	76.02
76.03	03951	OCCUPATIONAL HEALTH		0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		18,264	0	18,264	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		4,496	0	4,496	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	90.01
91.00	09100	EMERGENCY		456,229	0	456,229	91.00
91.01	09101	C'VILLE OUT		1,577	0	1,577	91.01
91.02	09102	LAKE HILL OUT		0	0	0	91.02
91.03	09103	NUTRITION COUNSELING		3,694	0	3,694	91.03
91.04	09104	HUNTLEY OP		0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,422,310	0	6,422,310	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,432	0	29,432	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER		0	0	0	194.00
194.01	07951	MOB		6,387	0	6,387	194.01
194.02	07952	COMMUNITY WELLNESS		1,812	0	1,812	194.02
194.03	07953	FUND DEVELOPMENT		11,473	0	11,473	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT		11	0	11	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,471,425	0	6,471,425	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHO NES)	PURCHASING RECEIVING AND STORES (PURCH REQU IS \$)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	669,374				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		669,374			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	911	911	38,629,121		4.00
5.01	01160	COMMUNICATIONS	5,513	5,513	139,038	576	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5,165	5,165	0	9	17,151,607
5.03	00570	ADMITTING	792	792	0	16	0
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	21	0
5.05	00590	OTHER ADMIN AND GENERAL	33,274	33,274	1,780,220	90	160,082
6.00	00600	MAINTENANCE & REPAIRS	69,599	69,599	0	1	102
7.00	00700	OPERATION OF PLANT	236,834	236,834	1,015,295	20	102,866
8.00	00800	LAUNDRY & LINEN SERVICE	2,072	2,072	0	1	142,378
9.00	00900	HOUSEKEEPING	2,767	2,767	651,200	2	66,734
10.00	01000	DIETARY	11,238	11,238	533,847	13	275,612
11.00	01100	CAFETERIA	8,621	8,621	406,212	2	209,706
13.00	01300	NURSING ADMINISTRATION	1,654	1,654	2,526,160	21	23,026
14.00	01400	CENTRAL SERVICES & SUPPLY	7,718	7,718	325,218	5	0
15.00	01500	PHARMACY	2,630	2,630	1,751,713	7	52,084
16.00	01600	MEDICAL RECORDS & LIBRARY	6,878	6,878	403,030	20	1,605
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,934	82,934	9,611,641	85	443,478
31.00	03100	INTENSIVE CARE UNIT	12,239	12,239	2,062,371	7	231,692
41.00	04100	SUBPROVIDER - IRF	29,883	29,883	3,310,763	13	191,233
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,674	20,674	1,708,635	31	75,223
51.00	05100	RECOVERY ROOM	12,441	12,441	1,940,737	6	147,875
53.00	05300	ANESTHESIOLOGY	384	384	67,598	3	137,579
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,727	21,727	2,110,163	35	157,356
54.01	03650	VASCULAR LAB	1,596	1,596	470,603	1	1,178
55.00	05500	RADIOLOGY-THERAPEUTIC	30,933	30,933	850,349	31	119,667
57.00	05700	CT SCAN	1,611	1,611	397,175	0	10,403
58.00	05800	MRI	1,831	1,831	218,550	0	6,237
59.00	05900	CARDIAC CATHETERIZATION	4,456	4,456	1,171,267	0	4,799
60.00	06000	LABORATORY	6,824	6,824	0	20	37,937
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	1,102	0	1	383
65.00	06500	RESPIRATORY THERAPY	1,582	1,582	921,211	7	153,158
66.00	06600	PHYSICAL THERAPY	0	0	3,101	9	31,375
67.00	06700	OCCUPATIONAL THERAPY	8,713	8,713	244	1	4,450
68.00	06800	SPEECH PATHOLOGY	0	0	0	1	23
69.00	06900	ELECTROCARDIOLOGY	7,831	7,831	550,405	7	19,355
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,370,319
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,505,868
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	607	607	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	2,607	325,791	17	0
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	773	773	256,145	0	4,931
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	65,189	0	6,401
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0
91.00	09100	EMERGENCY	20,873	20,873	2,689,640	37	368,219
91.01	09101	C'VILLE OUT	0	0	23,937	1	31,758
91.02	09102	LAKE HILL OUT	0	0	0	0	0
91.03	09103	NUTRITION COUNSELING	0	0	243,053	0	52,954
91.04	09104	HUNTLEY OP	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	667,287	667,287	38,530,501	541	17,148,046
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	1,513	0	2	0
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0
194.01	07951	MOB	0	0	0	29	2,805
194.02	07952	COMMUNITY WELLNESS	0	0	98,620	0	0
194.03	07953	FUND DEVELOPMENT	574	574	0	4	0
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	756
200.00		Cross Foot Adjustments					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHO NES)	PURCHASING RECEIVING AND STORES (PURCH REQU IS \$)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,460,756	5,006,851	881,664	458,792	741,005	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.182272	7.479901	0.022824	796.513889	0.043203	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			8,802	53,300	50,738	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000228	92.534722	0.002958	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: 14-0217

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

Worksheet B-1

Date/Time Prepared:

11/26/2019 10:55 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING	857,702,800					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	857,702,800				5.04
5.05	00590	OTHER ADMIN AND GENERAL	0	0	-22,800,684	105,403,093		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	2,681,200	554,120	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	7,929,595	236,834	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	403,030	2,072	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,948,344	2,767	9.00
10.00	01000	DIETARY	0	0	0	1,630,125	11,238	10.00
11.00	01100	CAFETERIA	0	0	0	796,899	8,621	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,172,886	1,654	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	820,456	7,718	14.00
15.00	01500	PHARMACY	0	0	0	2,206,458	2,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,493,236	6,878	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,683,114	103,683,114	0	13,772,109	82,934	30.00
31.00	03100	INTENSIVE CARE UNIT	21,922,896	21,922,896	0	3,697,598	12,239	31.00
41.00	04100	SUBPROVIDER - IRF	35,409,198	35,409,198	0	5,749,390	29,883	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,327,417	96,327,417	0	3,709,991	20,674	50.00
51.00	05100	RECOVERY ROOM	37,553,365	37,553,365	0	2,854,506	12,441	51.00
53.00	05300	ANESTHESIOLOGY	18,754,960	18,754,960	0	334,593	384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,298,762	32,298,762	0	3,373,736	21,727	54.00
54.01	03650	VASCULAR LAB	13,982,917	13,982,917	0	777,988	1,596	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,741,920	19,741,920	0	2,346,699	30,933	55.00
57.00	05700	CT SCAN	56,069,985	56,069,985	0	817,196	1,611	57.00
58.00	05800	MRI	13,161,488	13,161,488	0	499,531	1,831	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,762,624	48,762,624	0	2,084,364	4,456	59.00
60.00	06000	LABORATORY	58,818,034	58,818,034	0	4,708,236	6,824	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,052,179	2,052,179	0	430,709	1,102	62.00
65.00	06500	RESPIRATORY THERAPY	12,536,127	12,536,127	0	1,384,122	1,582	65.00
66.00	06600	PHYSICAL THERAPY	24,718,219	24,718,219	0	2,279,891	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,755,734	9,755,734	0	1,074,526	8,713	67.00
68.00	06800	SPEECH PATHOLOGY	2,456,583	2,456,583	0	589,123	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,640,344	26,640,344	0	893,205	7,831	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,657,604	28,657,604	0	5,693,321	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,859,273	55,859,273	0	9,050,705	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,356,361	48,356,361	0	8,452,454	0	73.00
74.00	07400	RENAL DIALYSIS	2,613,462	2,613,462	0	565,379	607	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,844,810	5,844,810	0	489,062	2,607	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	2,192,675	2,192,675	0	397,936	773	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,233,306	7,233,306	0	902,407	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	68,506,227	68,506,227	0	4,424,357	20,873	91.00
91.01	09101	C'VILLE OUT	917,945	917,945	0	228,455	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	2,875,271	2,875,271	0	316,228	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	857,702,800	857,702,800	-22,800,684	104,980,046	552,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,212	1,513	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	277,542	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	119,772	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	8,732	574	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	789	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	353,185	2,369,407		22,800,684	3,261,195	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000412	0.002763		0.216319	5.885359	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,133	1,943		330,700	680,982	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000011	0.000002		0.003137	1.228943	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: 14-0217

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

Worksheet B-1

Date/Time Prepared:

11/26/2019 10:55 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	317,286					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,072	35,739				8.00
9.00	00900	HOUSEKEEPING	2,767	0	312,447			9.00
10.00	01000	DIETARY	11,238	0	11,238	86,521		10.00
11.00	01100	CAFETERIA	8,621	0	8,621	0	935,168	11.00
13.00	01300	NURSING ADMINISTRATION	1,654	0	1,654	0	53,914	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,718	0	7,718	0	14,076	14.00
15.00	01500	PHARMACY	2,630	0	2,630	0	37,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,878	0	6,878	0	8,702	16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,934	23,407	82,934	58,518	289,732	30.00
31.00	03100	INTENSIVE CARE UNIT	12,239	2,262	12,239	2,828	51,337	31.00
41.00	04100	SUBPROVIDER - IRF	29,883	10,070	29,883	25,175	97,364	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,674	0	20,674	0	45,671	50.00
51.00	05100	RECOVERY ROOM	12,441	0	12,441	0	53,561	51.00
53.00	05300	ANESTHESIOLOGY	384	0	384	0	1,772	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,727	0	21,727	0	59,634	54.00
54.01	03650	VASCULAR LAB	1,596	0	1,596	0	8,350	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	30,933	0	30,933	0	22,996	55.00
57.00	05700	CT SCAN	1,611	0	1,611	0	11,874	57.00
58.00	05800	MRI	1,831	0	1,831	0	4,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,456	0	4,456	0	23,991	59.00
60.00	06000	LABORATORY	6,824	0	6,824	0	2,217	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,102	0	1,102	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,582	0	1,582	0	26,085	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	60	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,713	0	8,713	0	7	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,831	0	7,831	0	16,407	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	607	0	607	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,607	0	2,607	0	10,588	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	773	0	773	0	6,802	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,577	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	20,873	0	20,873	0	75,007	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	1,105	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	8,120	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	315,199	35,739	310,360	86,521	933,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,513	0	1,513	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	2,147	194.02
194.03	07953	FUND DEVELOPMENT	574	0	574	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	11,038,772	574,494	2,482,360	2,529,161	1,388,449	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	34.791236	16.074708	7.944899	29.231759	1.484705	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,606,650	41,366	59,509	224,113	169,757	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.215459	1.157447	0.190461	2.590273	0.181526	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: 14-0217

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

Worksheet B-1

Date/Time Prepared:

11/26/2019 10:55 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	PARAMED ED PRGM-AMBULANCE (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	488,933					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,172,111				14.00
15.00	01500	PHARMACY	0	52,084	9,036,479			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	218	1,605	0	857,702,800		16.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	238,374	443,478	79,248	103,683,114	0	30.00
31.00	03100	INTENSIVE CARE UNIT	46,704	231,692	36,141	21,922,896	0	31.00
41.00	04100	SUBPROVIDER - IRF	87,433	191,233	5,723	35,409,198	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,615	75,233	37,884	96,327,417	0	50.00
51.00	05100	RECOVERY ROOM	36,678	147,875	62,633	37,553,365	0	51.00
53.00	05300	ANESTHESIOLOGY	8	137,579	37,053	18,754,960	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,265	157,356	15,063	32,298,762	0	54.00
54.01	03650	VASCULAR LAB	0	1,178	7,166	13,982,917	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,864	119,667	17,709	19,741,920	0	55.00
57.00	05700	CT SCAN	0	10,403	98,308	56,069,985	0	57.00
58.00	05800	MRI	0	6,237	19,668	13,161,488	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,419	4,799	145,647	48,762,624	0	59.00
60.00	06000	LABORATORY	17	37,937	94,776	58,818,034	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	383	0	2,052,179	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	153,158	447	12,536,127	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,375	67	24,718,219	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,450	0	9,755,734	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	23	0	2,456,583	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,944	19,355	7,951	26,640,344	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,370,319	0	28,657,604	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,505,868	0	55,859,273	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,266,111	48,356,361	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	11,620	2,613,462	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,723	0	0	5,844,810	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	3,188	4,931	245	2,192,675	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,401	518	7,233,306	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	40,455	369,219	92,501	68,506,227	0	91.00
91.01	09101	C'VILLE OUT	0	31,758	0	917,945	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	52,954	0	2,875,271	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	488,905	16,168,550	9,036,479	857,702,800	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	2,805	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	28	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	756	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0217

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	PARAMED ED PRGM-AMBULANCE (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,019,708	1,394,096	2,871,824	2,165,519	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.221388	0.086204	0.317803	0.002525	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	54,244	154,601	66,182	140,977	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.110944	0.009560	0.007324	0.000164	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:55 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,585,453		25,585,453	22,621	25,608,074	30.00
31.00	03100	INTENSIVE CARE UNIT	5,758,572		5,758,572	0	5,758,572	31.00
41.00	04100	SUBPROVIDER - IRF	10,314,920		10,314,920	62,854	10,377,774	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,975,671		5,975,671	0	5,975,671	50.00
51.00	05100	RECOVERY ROOM	4,585,430		4,585,430	0	4,585,430	51.00
53.00	05300	ANESTHESIOLOGY	499,332		499,332	0	499,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,890		5,399,890	8,177	5,408,067	54.00
54.01	03650	VASCULAR LAB	1,073,965		1,073,965	0	1,073,965	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,514,710		4,514,710	1,075	4,515,785	55.00
57.00	05700	CT SCAN	1,263,646		1,263,646	0	1,263,646	57.00
58.00	05800	MRI	743,398		743,398	0	743,398	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,985,465		2,985,465	2,236	2,987,701	59.00
60.00	06000	LABORATORY	6,243,848		6,243,848	11,103	6,254,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	582,676		582,676	0	582,676	62.00
65.00	06500	RESPIRATORY THERAPY	1,844,182	0	1,844,182	0	1,844,182	65.00
66.00	06600	PHYSICAL THERAPY	2,838,304	0	2,838,304	0	2,838,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,755,632	0	1,755,632	0	1,755,632	67.00
68.00	06800	SPEECH PATHOLOGY	722,766	0	722,766	0	722,766	68.00
69.00	06900	ELECTROCARDIOLOGY	1,578,981		1,578,981	0	1,578,981	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,460,198		7,460,198	0	7,460,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,882,822		11,882,822	0	11,882,822	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,029,977		13,029,977	0	13,029,977	73.00
74.00	07400	RENAL DIALYSIS	727,486		727,486	0	727,486	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0		0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	766,254		766,254	0	766,254	76.02
76.03	03951	OCCUPATIONAL HEALTH	0		0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	563,950		563,950	0	563,950	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118,937		1,118,937	2,416	1,121,353	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,074,467		7,074,467	4,656	7,079,123	91.00
91.01	09101	C'VILLE OUT	284,571		284,571	0	284,571	91.01
91.02	09102	LAKE HILL OUT	0		0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	408,515		408,515	1,306	409,821	91.03
91.04	09104	HUNTLEY OP	0		0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,043,662		2,043,662		2,043,662	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	129,627,680	0	129,627,680	116,444	129,744,124	200.00
201.00		Less Observation Beds	2,043,662		2,043,662		2,043,662	201.00
202.00		Total (see instructions)	127,584,018	0	127,584,018	116,444	127,700,462	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 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	93,929,348		93,929,348			30.00
31.00	03100	INTENSIVE CARE UNIT	21,922,896		21,922,896			31.00
41.00	04100	SUBPROVIDER - IRF	35,409,198		35,409,198			41.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,631,639	37,695,778	96,327,417	0.062035	0.000000	50.00
51.00	05100	RECOVERY ROOM	18,585,214	18,968,151	37,553,365	0.122104	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	9,720,152	9,034,808	18,754,960	0.026624	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,964,591	23,334,171	32,298,762	0.167186	0.000000	54.00
54.01	03650	VASCULAR LAB	4,045,858	9,937,059	13,982,917	0.076806	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	751,531	18,990,389	19,741,920	0.228686	0.000000	55.00
57.00	05700	CT SCAN	15,216,993	40,852,992	56,069,985	0.022537	0.000000	57.00
58.00	05800	MRI	2,954,610	10,206,878	13,161,488	0.056483	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,460,595	30,302,029	48,762,624	0.061224	0.000000	59.00
60.00	06000	LABORATORY	29,508,377	29,309,657	58,818,034	0.106155	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,511,351	540,828	2,052,179	0.283930	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	11,286,937	1,249,190	12,536,127	0.147109	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,131,709	10,586,510	24,718,219	0.114826	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,650,173	105,561	9,755,734	0.179959	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,381,692	74,891	2,456,583	0.294216	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,776,846	16,863,498	26,640,344	0.059270	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,732,246	16,925,358	28,657,604	0.260322	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,080,763	11,778,510	55,859,273	0.212728	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,574,395	27,781,966	48,356,361	0.269457	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,530,249	83,213	2,613,462	0.278361	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0.000000	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,003,179	1,841,631	5,844,810	0.131100	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	4,475	2,188,200	2,192,675	0.257197	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	40,731	7,192,575	7,233,306	0.154692	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	23,119,533	45,386,694	68,506,227	0.103268	0.000000	91.00
91.01	09101	C'VILLE OUT	0	917,945	917,945	0.310009	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	2,434,513	440,758	2,875,271	0.142079	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,309,742	7,444,024	9,753,766	0.209525	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	477,669,536	380,033,264	857,702,800			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	477,669,536	380,033,264	857,702,800			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 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
41.00	04100	SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.062035			50.00
51.00	05100	RECOVERY ROOM	0.122104			51.00
53.00	05300	ANESTHESIOLOGY	0.026624			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167439			54.00
54.01	03650	VASCULAR LAB	0.076806			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228741			55.00
57.00	05700	CT SCAN	0.022537			57.00
58.00	05800	MRI	0.056483			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061270			59.00
60.00	06000	LABORATORY	0.106344			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930			62.00
65.00	06500	RESPIRATORY THERAPY	0.147109			65.00
66.00	06600	PHYSICAL THERAPY	0.114826			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179959			67.00
68.00	06800	SPEECH PATHOLOGY	0.294216			68.00
69.00	06900	ELECTROCARDIOLOGY	0.059270			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212728			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269457			73.00
74.00	07400	RENAL DIALYSIS	0.278361			74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000			76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100			76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000			76.03
76.97	07697	CARDIAC REHABILITATION	0.257197			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.155026			76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT PROCEDURES	0.000000			90.01
91.00	09100	EMERGENCY	0.103335			91.00
91.01	09101	C'VILLE OUT	0.310009			91.01
91.02	09102	LAKE HILL OUT	0.000000			91.02
91.03	09103	NUTRITION COUNSELING	0.142533			91.03
91.04	09104	HUNTLEY OP	0.000000			91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.209525			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:55 am

				Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,585,453		25,585,453	22,621	25,608,074	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,758,572		5,758,572	0	5,758,572	31.00	
41.00	04100	SUBPROVIDER - IRF	10,314,920		10,314,920	62,854	10,377,774	41.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,975,671		5,975,671	0	5,975,671	50.00	
51.00	05100	RECOVERY ROOM	4,585,430		4,585,430	0	4,585,430	51.00	
53.00	05300	ANESTHESIOLOGY	499,332		499,332	0	499,332	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,890		5,399,890	8,177	5,408,067	54.00	
54.01	03650	VASCULAR LAB	1,073,965		1,073,965	0	1,073,965	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,514,710		4,514,710	1,075	4,515,785	55.00	
57.00	05700	CT SCAN	1,263,646		1,263,646	0	1,263,646	57.00	
58.00	05800	MRI	743,398		743,398	0	743,398	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,985,465		2,985,465	2,236	2,987,701	59.00	
60.00	06000	LABORATORY	6,243,848		6,243,848	11,103	6,254,951	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	582,676		582,676	0	582,676	62.00	
65.00	06500	RESPIRATORY THERAPY	1,844,182	0	1,844,182	0	1,844,182	65.00	
66.00	06600	PHYSICAL THERAPY	2,838,304	0	2,838,304	0	2,838,304	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,755,632	0	1,755,632	0	1,755,632	67.00	
68.00	06800	SPEECH PATHOLOGY	722,766	0	722,766	0	722,766	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,578,981		1,578,981	0	1,578,981	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,460,198		7,460,198	0	7,460,198	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,882,822		11,882,822	0	11,882,822	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	13,029,977		13,029,977	0	13,029,977	73.00	
74.00	07400	RENAL DIALYSIS	727,486		727,486	0	727,486	74.00	
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0		0	0	0	76.00	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	766,254		766,254	0	766,254	76.02	
76.03	03951	OCCUPATIONAL HEALTH	0		0	0	0	76.03	
76.97	07697	CARDIAC REHABILITATION	563,950		563,950	0	563,950	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118,937		1,118,937	2,416	1,121,353	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES	0		0	0	0	90.01	
91.00	09100	EMERGENCY	7,074,467		7,074,467	4,656	7,079,123	91.00	
91.01	09101	C'VILLE OUT	284,571		284,571	0	284,571	91.01	
91.02	09102	LAKE HILL OUT	0		0	0	0	91.02	
91.03	09103	NUTRITION COUNSELING	408,515		408,515	1,306	409,821	91.03	
91.04	09104	HUNTLEY OP	0		0	0	0	91.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,043,662		2,043,662		2,043,662	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	129,627,680	0	129,627,680	116,444	129,744,124	200.00	
201.00		Less Observation Beds	2,043,662		2,043,662		2,043,662	201.00	
202.00		Total (see instructions)	127,584,018	0	127,584,018	116,444	127,700,462	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 10:55 am

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,929,348		93,929,348			30.00	
31.00	03100	INTENSIVE CARE UNIT	21,922,896		21,922,896			31.00	
41.00	04100	SUBPROVIDER - IRF	35,409,198		35,409,198			41.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,631,639	37,695,778	96,327,417	0.062035	0.000000	50.00	
51.00	05100	RECOVERY ROOM	18,585,214	18,968,151	37,553,365	0.122104	0.000000	51.00	
53.00	05300	ANESTHESIOLOGY	9,720,152	9,034,808	18,754,960	0.026624	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,964,591	23,334,171	32,298,762	0.167186	0.000000	54.00	
54.01	03650	VASCULAR LAB	4,045,858	9,937,059	13,982,917	0.076806	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	751,531	18,990,389	19,741,920	0.228686	0.000000	55.00	
57.00	05700	CT SCAN	15,216,993	40,852,992	56,069,985	0.022537	0.000000	57.00	
58.00	05800	MRI	2,954,610	10,206,878	13,161,488	0.056483	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	18,460,595	30,302,029	48,762,624	0.061224	0.000000	59.00	
60.00	06000	LABORATORY	29,508,377	29,309,657	58,818,034	0.106155	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,511,351	540,828	2,052,179	0.283930	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	11,286,937	1,249,190	12,536,127	0.147109	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	14,131,709	10,586,510	24,718,219	0.114826	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	9,650,173	105,561	9,755,734	0.179959	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	2,381,692	74,891	2,456,583	0.294216	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,776,846	16,863,498	26,640,344	0.059270	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,732,246	16,925,358	28,657,604	0.260322	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,080,763	11,778,510	55,859,273	0.212728	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	20,574,395	27,781,966	48,356,361	0.269457	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	2,530,249	83,213	2,613,462	0.278361	0.000000	74.00	
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0.000000	0.000000	76.00	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,003,179	1,841,631	5,844,810	0.131100	0.000000	76.02	
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.03	
76.97	07697	CARDIAC REHABILITATION	4,475	2,188,200	2,192,675	0.257197	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	40,731	7,192,575	7,233,306	0.154692	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	23,119,533	45,386,694	68,506,227	0.103268	0.000000	91.00	
91.01	09101	C'VILLE OUT	0	917,945	917,945	0.310009	0.000000	91.01	
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02	
91.03	09103	NUTRITION COUNSELING	2,434,513	440,758	2,875,271	0.142079	0.000000	91.03	
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,309,742	7,444,024	9,753,766	0.209525	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	477,669,536	380,033,264	857,702,800			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	477,669,536	380,033,264	857,702,800			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 10:55 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.062035		50.00
51.00	05100	RECOVERY ROOM	0.122104		51.00
53.00	05300	ANESTHESIOLOGY	0.026624		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167439		54.00
54.01	03650	VASCULAR LAB	0.076806		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228741		55.00
57.00	05700	CT SCAN	0.022537		57.00
58.00	05800	MRI	0.056483		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061270		59.00
60.00	06000	LABORATORY	0.106344		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930		62.00
65.00	06500	RESPIRATORY THERAPY	0.147109		65.00
66.00	06600	PHYSICAL THERAPY	0.114826		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179959		67.00
68.00	06800	SPEECH PATHOLOGY	0.294216		68.00
69.00	06900	ELECTROCARDIOLOGY	0.059270		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212728		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269457		73.00
74.00	07400	RENAL DIALYSIS	0.278361		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100		76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.257197		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.155026		76.98
	OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
91.00	09100	EMERGENCY	0.103335		91.00
91.01	09101	C'VILLE OUT	0.310009		91.01
91.02	09102	LAKE HILL OUT	0.000000		91.02
91.03	09103	NUTRITION COUNSELING	0.142533		91.03
91.04	09104	HUNTLEY OP	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.209525		92.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part II
Date/Time Prepared:
11/26/2019 10:55 am

			Title XIX			Hospital		PPS	
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,975,671	442,135	5,533,536	0	0	50.00	
51.00	05100	RECOVERY ROOM	4,585,430	272,776	4,312,654	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	499,332	14,389	484,943	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,890	452,885	4,947,005	0	0	54.00	
54.01	03650	VASCULAR LAB	1,073,965	37,496	1,036,469	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,514,710	617,399	3,897,311	0	0	55.00	
57.00	05700	CT SCAN	1,263,646	46,672	1,216,974	0	0	57.00	
58.00	05800	MRI	743,398	40,329	703,069	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,985,465	107,285	2,878,180	0	0	59.00	
60.00	06000	LABORATORY	6,243,848	160,288	6,083,560	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	582,676	23,078	559,598	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	1,844,182	44,601	1,799,581	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	2,838,304	12,765	2,825,539	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,755,632	173,382	1,582,250	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	722,766	2,376	720,390	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,578,981	162,899	1,416,082	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,460,198	90,157	7,370,041	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,882,822	144,758	11,738,064	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	13,029,977	95,616	12,934,361	0	0	73.00	
74.00	07400	RENAL DIALYSIS	727,486	14,036	713,450	0	0	74.00	
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	766,254	56,637	709,617	0	0	76.02	
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03	
76.97	07697	CARDIAC REHABILITATION	563,950	18,264	545,686	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,118,937	4,496	1,114,441	0	0	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	7,074,467	456,229	6,618,238	0	0	91.00	
91.01	09101	C'VILLE OUT	284,571	1,577	282,994	0	0	91.01	
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02	
91.03	09103	NUTRITION COUNSELING	408,515	3,694	404,821	0	0	91.03	
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,043,662	154,513	1,889,149	0	0	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (sum of lines 50 thru 199)	87,968,735	3,650,732	84,318,003	0	0	200.00	
201.00		Less Observation Beds	2,043,662	154,513	1,889,149	0	0	201.00	
202.00		Total (line 200 minus line 201)	85,925,073	3,496,219	82,428,854	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description				Title XIX		Hospital	PPS
				Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
				6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		5,975,671	96,327,417	0.062035	50.00
51.00	05100	RECOVERY ROOM		4,585,430	37,553,365	0.122104	51.00
53.00	05300	ANESTHESIOLOGY		499,332	18,754,960	0.026624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,399,890	32,298,762	0.167186	54.00
54.01	03650	VASCULAR LAB		1,073,965	13,982,917	0.076806	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		4,514,710	19,741,920	0.228686	55.00
57.00	05700	CT SCAN		1,263,646	56,069,985	0.022537	57.00
58.00	05800	MRI		743,398	13,161,488	0.056483	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,985,465	48,762,624	0.061224	59.00
60.00	06000	LABORATORY		6,243,848	58,818,034	0.106155	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		582,676	2,052,179	0.283930	62.00
65.00	06500	RESPIRATORY THERAPY		1,844,182	12,536,127	0.147109	65.00
66.00	06600	PHYSICAL THERAPY		2,838,304	24,718,219	0.114826	66.00
67.00	06700	OCCUPATIONAL THERAPY		1,755,632	9,755,734	0.179959	67.00
68.00	06800	SPEECH PATHOLOGY		722,766	2,456,583	0.294216	68.00
69.00	06900	ELECTROCARDIOLOGY		1,578,981	26,640,344	0.059270	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		7,460,198	28,657,604	0.260322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		11,882,822	55,859,273	0.212728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		13,029,977	48,356,361	0.269457	73.00
74.00	07400	RENAL DIALYSIS		727,486	2,613,462	0.278361	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0	0	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		766,254	5,844,810	0.131100	76.02
76.03	03951	OCCUPATIONAL HEALTH		0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION		563,950	2,192,675	0.257197	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		1,118,937	7,233,306	0.154692	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES		0	0	0.000000	90.01
91.00	09100	EMERGENCY		7,074,467	68,506,227	0.103268	91.00
91.01	09101	C'VILLE OUT		284,571	917,945	0.310009	91.01
91.02	09102	LAKE HILL OUT		0	0	0.000000	91.02
91.03	09103	NUTRITION COUNSELING		408,515	2,875,271	0.142079	91.03
91.04	09104	HUNTLEY OP		0	0	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		2,043,662	9,753,766	0.209525	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)		87,968,735	706,441,358		200.00
201.00		Less Observation Beds		2,043,662	0		201.00
202.00		Total (line 200 minus line 201)		85,925,073	706,441,358		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 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	1,936,116	0	1,936,116	25,437	76.11	30.00
31.00	INTENSIVE CARE UNIT	280,383		280,383	2,262	123.95	31.00
41.00	SUBPROVIDER - IRF	709,592	0	709,592	10,070	70.47	41.00
200.00	Total (lines 30 through 199)	2,926,091		2,926,091	37,769		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	9,488	722,132				30.00
31.00	INTENSIVE CARE UNIT	1,040	128,908				31.00
41.00	SUBPROVIDER - IRF	7,953	560,448				41.00
200.00	Total (lines 30 through 199)	18,481	1,411,488				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	442,135	96,327,417	0.004590	29,937,066	137,411	50.00
51.00	05100	RECOVERY ROOM	272,776	37,553,365	0.007264	9,708,725	70,524	51.00
53.00	05300	ANESTHESIOLOGY	14,389	18,754,960	0.000767	4,856,670	3,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	452,885	32,298,762	0.014022	4,456,955	62,495	54.00
54.01	03650	VASCULAR LAB	37,496	13,982,917	0.002682	1,690,849	4,535	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	617,399	19,741,920	0.031274	407,059	12,730	55.00
57.00	05700	CT SCAN	46,672	56,069,985	0.000832	6,828,594	5,681	57.00
58.00	05800	MRI	40,329	13,161,488	0.003064	1,375,198	4,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,285	48,762,624	0.002200	8,196,459	18,032	59.00
60.00	06000	LABORATORY	160,288	58,818,034	0.002725	12,129,734	33,054	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,078	2,052,179	0.011246	757,741	8,522	62.00
65.00	06500	RESPIRATORY THERAPY	44,601	12,536,127	0.003558	5,061,329	18,008	65.00
66.00	06600	PHYSICAL THERAPY	12,765	24,718,219	0.000516	2,495,413	1,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	173,382	9,755,734	0.017772	1,138,898	20,240	67.00
68.00	06800	SPEECH PATHOLOGY	2,376	2,456,583	0.000967	576,552	558	68.00
69.00	06900	ELECTROCARDIOLOGY	162,899	26,640,344	0.006115	4,673,740	28,580	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,157	28,657,604	0.003146	6,367,585	20,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,758	55,859,273	0.002591	24,696,139	63,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,616	48,356,361	0.001977	8,115,681	16,045	73.00
74.00	07400	RENAL DIALYSIS	14,036	2,613,462	0.005371	920,948	4,946	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	56,637	5,844,810	0.009690	663,426	6,429	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	18,264	2,192,675	0.008330	2,816	23	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,496	7,233,306	0.000622	39,418	25	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	456,229	68,506,227	0.006660	8,939,995	59,540	91.00
91.01	09101	C'VILLE OUT	1,577	917,945	0.001718	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	3,694	2,875,271	0.001285	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	154,513	9,753,766	0.015841	2,138,886	33,882	92.00
200.00		Total (lines 50 through 199)	3,650,732	706,441,358		146,175,876	634,507	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 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	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	25,437	0.00		9,488	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,262	0.00		1,040	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	10,070	0.00		7,953	41.00	
200.00		Total (lines 30 through 199)			0	37,769			18,481	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 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)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	96,327,417	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	37,553,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	18,754,960	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	32,298,762	0.000000	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	13,982,917	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	19,741,920	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	56,069,985	0.000000	57.00
58.00	05800	MRI	0	0	0	0	13,161,488	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	48,762,624	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	58,818,034	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	2,052,179	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	12,536,127	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	24,718,219	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	9,755,734	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,456,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	26,640,344	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	28,657,604	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	55,859,273	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	48,356,361	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,613,462	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	5,844,810	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,192,675	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	7,233,306	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	0	68,506,227	0.000000	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	917,945	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	2,875,271	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	9,753,766	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	706,441,358		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 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	0.000000	29,937,066	0	12,399,092	0
51.00	05100	RECOVERY ROOM	0.000000	9,708,725	0	6,229,133	0
53.00	05300	ANESTHESIOLOGY	0.000000	4,856,670	0	2,927,202	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,456,955	0	6,815,623	0
54.01	03650	VASCULAR LAB	0.000000	1,690,849	0	2,228,305	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	407,059	0	6,516,786	0
57.00	05700	CT SCAN	0.000000	6,828,594	0	9,793,468	0
58.00	05800	MRI	0.000000	1,375,198	0	3,312,684	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,196,459	0	16,611,373	0
60.00	06000	LABORATORY	0.000000	12,129,734	0	5,117,757	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	757,741	0	170,981	0
65.00	06500	RESPIRATORY THERAPY	0.000000	5,061,329	0	351,107	0
66.00	06600	PHYSICAL THERAPY	0.000000	2,495,413	0	96,637	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,138,898	0	11,179	0
68.00	06800	SPEECH PATHOLOGY	0.000000	576,552	0	2,175	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,673,740	0	6,582,562	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,367,585	0	8,771,535	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,696,139	0	4,769,357	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,115,681	0	11,099,686	0
74.00	07400	RENAL DIALYSIS	0.000000	920,948	0	25,487	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	663,426	0	0	0
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	2,816	0	910,543	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	39,418	0	3,365,861	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	8,939,995	0	7,661,287	0
91.01	09101	C'VILLE OUT	0.000000	0	0	5,861	0
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0
91.03	09103	NUTRITION COUNSELING	0.000000	0	0	2,851	0
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,138,886	0	2,123,120	0
200.00		Total (lines 50 through 199)		146,175,876	0	117,901,652	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 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	0.062035	12,399,092	0	0	769,178	50.00
51.00	05100	RECOVERY ROOM	0.122104	6,229,133	0	0	760,602	51.00
53.00	05300	ANESTHESIOLOGY	0.026624	2,927,202	0	0	77,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167186	6,815,623	0	0	1,139,477	54.00
54.01	03650	VASCULAR LAB	0.076806	2,228,305	0	0	171,147	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228686	6,516,786	0	0	1,490,298	55.00
57.00	05700	CT SCAN	0.022537	9,793,468	0	0	220,715	57.00
58.00	05800	MRI	0.056483	3,312,684	0	0	187,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061224	16,611,373	0	0	1,017,015	59.00
60.00	06000	LABORATORY	0.106155	5,117,757	0	0	543,275	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930	170,981	0	0	48,547	62.00
65.00	06500	RESPIRATORY THERAPY	0.147109	351,107	0	0	51,651	65.00
66.00	06600	PHYSICAL THERAPY	0.114826	96,637	0	0	11,096	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179959	11,179	0	0	2,012	67.00
68.00	06800	SPEECH PATHOLOGY	0.294216	2,175	0	0	640	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059270	6,582,562	0	0	390,148	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322	8,771,535	0	0	2,283,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212728	4,769,357	0	0	1,014,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269457	11,099,686	0	32,869	2,990,888	73.00
74.00	07400	RENAL DIALYSIS	0.278361	25,487	0	0	7,095	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.257197	910,543	0	0	234,189	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154692	3,365,861	0	0	520,672	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.103268	7,661,287	0	0	791,166	91.00
91.01	09101	C'VILLE OUT	0.310009	5,861	0	0	1,817	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0.142079	2,851	0	0	405	91.03
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.209525	2,123,120	0	0	444,847	92.00
200.00		Subtotal (see instructions)		117,901,652	0	32,869	15,169,924	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		117,901,652	0	32,869	15,169,924	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 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
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03650	VASCULAR LAB	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,857		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0		76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	C'VILLE OUT	0	0		91.01
91.02	09102	LAKE HILL OUT	0	0		91.02
91.03	09103	NUTRITION COUNSELING	0	0		91.03
91.04	09104	HUNTLEY OP	0	0		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	8,857		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	8,857		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/26/2019 10:55 am		
				Component CCN: 14-T217				
				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	442,135	96,327,417	0.004590	420	2	50.00
51.00	05100	RECOVERY ROOM	272,776	37,553,365	0.007264	6,276	46	51.00
53.00	05300	ANESTHESIOLOGY	14,389	18,754,960	0.000767	897	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	452,885	32,298,762	0.014022	353,327	4,954	54.00
54.01	03650	VASCULAR LAB	37,496	13,982,917	0.002682	168,729	453	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	617,399	19,741,920	0.031274	0	0	55.00
57.00	05700	CT SCAN	46,672	56,069,985	0.000832	352,064	293	57.00
58.00	05800	MRI	40,329	13,161,488	0.003064	83,512	256	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,285	48,762,624	0.002200	-2,011	-4	59.00
60.00	06000	LABORATORY	160,288	58,818,034	0.002725	2,283,309	6,222	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,078	2,052,179	0.011246	18,247	205	62.00
65.00	06500	RESPIRATORY THERAPY	44,601	12,536,127	0.003558	1,313,948	4,675	65.00
66.00	06600	PHYSICAL THERAPY	12,765	24,718,219	0.000516	7,741,313	3,995	66.00
67.00	06700	OCCUPATIONAL THERAPY	173,382	9,755,734	0.017772	6,102,279	108,450	67.00
68.00	06800	SPEECH PATHOLOGY	2,376	2,456,583	0.000967	1,079,651	1,044	68.00
69.00	06900	ELECTROCARDIOLOGY	162,899	26,640,344	0.006115	185,074	1,132	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,157	28,657,604	0.003146	7,062	22	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,758	55,859,273	0.002591	210	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,616	48,356,361	0.001977	2,316,725	4,580	73.00
74.00	07400	RENAL DIALYSIS	14,036	2,613,462	0.005371	473,335	2,542	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	56,637	5,844,810	0.009690	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	18,264	2,192,675	0.008330	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,496	7,233,306	0.000622	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	456,229	68,506,227	0.006660	7,606	51	91.00
91.01	09101	C'VILLE OUT	1,577	917,945	0.001718	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	3,694	2,875,271	0.001285	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,753,766	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	3,496,219	706,441,358		22,491,973	138,920	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0217 Component CCN: 14-T217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 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	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03650	VASCULAR LAB		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	C'VILLE OUT		0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT		0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING		0	0	0	0	0	91.03
91.04	09104	HUNTLEY OP		0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0217 Component CCN: 14-T217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 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)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	96,327,417	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	37,553,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,754,960	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	32,298,762	0.000000	54.00
54.01	03650	VASCULAR LAB		0	0	0	13,982,917	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	19,741,920	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	56,069,985	0.000000	57.00
58.00	05800	MRI		0	0	0	13,161,488	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	48,762,624	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	58,818,034	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,052,179	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,536,127	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	24,718,219	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,755,734	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,456,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	26,640,344	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	28,657,604	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	55,859,273	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	48,356,361	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,613,462	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0	0	0	0	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	5,844,810	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH		0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,192,675	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	7,233,306	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	68,506,227	0.000000	91.00
91.01	09101	C'VILLE OUT		0	0	0	917,945	0.000000	91.01
91.02	09102	LAKE HILL OUT		0	0	0	0	0.000000	91.02
91.03	09103	NUTRITION COUNSELING		0	0	0	2,875,271	0.000000	91.03
91.04	09104	HUNTLEY OP		0	0	0	0	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	9,753,766	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	706,441,358		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0217 Component CCN: 14-T217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 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		0.000000	420	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	6,276	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	897	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	353,327	0	0	0	54.00
54.01	03650	VASCULAR LAB		0.000000	168,729	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	352,064	0	0	0	57.00
58.00	05800	MRI		0.000000	83,512	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	-2,011	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	2,283,309	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	18,247	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,313,948	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	7,741,313	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	6,102,279	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,079,651	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	185,074	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	7,062	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	210	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	2,316,725	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	473,335	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0.000000	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	7,606	0	3,495	0	91.00
91.01	09101	C'VILLE OUT		0.000000	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT		0.000000	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING		0.000000	0	0	0	0	91.03
91.04	09104	HUNTLEY OP		0.000000	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			22,491,973	0	3,495	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0217

Period:

Worksheet D

Component CCN: 14-T217

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 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	0.062035	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.122104	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.026624	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167186	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0.076806	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228686	0	0	0	0	55.00
57.00	05700	CT SCAN	0.022537	0	0	0	0	57.00
58.00	05800	MRI	0.056483	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061224	0	0	0	0	59.00
60.00	06000	LABORATORY	0.106155	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.147109	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.114826	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179959	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.294216	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059270	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212728	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269457	0	0	6,955	0	73.00
74.00	07400	RENAL DIALYSIS	0.278361	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.257197	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.154692	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.103268	3,495	0	0	361	91.00
91.01	09101	C'VILLE OUT	0.310009	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0.142079	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.209525	0	0	0	0	92.00
200.00		Subtotal (see instructions)		3,495	0	6,955	361	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		3,495	0	6,955	361	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0217

Period:

Worksheet D

Component CCN: 14-T217

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/26/2019 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
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,874	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	C'VILLE OUT	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	1,874	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,874	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 10:55 am

			Title XIX		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	1,936,116	0	1,936,116	25,437	76.11	30.00
31.00	INTENSIVE CARE UNIT	280,383		280,383	2,262	123.95	31.00
41.00	SUBPROVIDER - IRF	709,592	0	709,592	10,070	70.47	41.00
200.00	Total (lines 30 through 199)	2,926,091		2,926,091	37,769		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	1,764	134,258				30.00
31.00	INTENSIVE CARE UNIT	86	10,660				31.00
41.00	SUBPROVIDER - IRF	131	9,232				41.00
200.00	Total (lines 30 through 199)	1,981	154,150				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	442,135	96,327,417	0.004590	0	50.00
51.00	05100	RECOVERY ROOM	272,776	37,553,365	0.007264	0	51.00
53.00	05300	ANESTHESIOLOGY	14,389	18,754,960	0.000767	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	452,885	32,298,762	0.014022	0	54.00
54.01	03650	VASCULAR LAB	37,496	13,982,917	0.002682	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	617,399	19,741,920	0.031274	0	55.00
57.00	05700	CT SCAN	46,672	56,069,985	0.000832	0	57.00
58.00	05800	MRI	40,329	13,161,488	0.003064	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	107,285	48,762,624	0.002200	0	59.00
60.00	06000	LABORATORY	160,288	58,818,034	0.002725	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,078	2,052,179	0.011246	0	62.00
65.00	06500	RESPIRATORY THERAPY	44,601	12,536,127	0.003558	0	65.00
66.00	06600	PHYSICAL THERAPY	12,765	24,718,219	0.000516	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	173,382	9,755,734	0.017772	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,376	2,456,583	0.000967	0	68.00
69.00	06900	ELECTROCARDIOLOGY	162,899	26,640,344	0.006115	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,157	28,657,604	0.003146	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	144,758	55,859,273	0.002591	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,616	48,356,361	0.001977	0	73.00
74.00	07400	RENAL DIALYSIS	14,036	2,613,462	0.005371	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	56,637	5,844,810	0.009690	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	18,264	2,192,675	0.008330	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,496	7,233,306	0.000622	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	90.01
91.00	09100	EMERGENCY	456,229	68,506,227	0.006660	0	91.00
91.01	09101	C'VILLE OUT	1,577	917,945	0.001718	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	3,694	2,875,271	0.001285	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	154,513	9,753,766	0.015841	0	92.00
200.00		Total (lines 50 through 199)	3,650,732	706,441,358		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 10:55 am		
					Title XIX		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	0	0	41.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	25,437	0.00	1,764		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	2,262	0.00	86		31.00	
41.00	04100	SUBPROVIDER - IRF		0	0	10,070	0.00	131		41.00	
200.00		Total (lines 30 through 199)			0	37,769		1,981		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
41.00	04100	SUBPROVIDER - IRF		0						41.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/26/2019 10:55 am
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Cost Center Description		Title XIX		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	C'VILLE OUT	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0217		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 10:55 am	
				Title XIX		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	96,327,417	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	37,553,365	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,754,960	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	32,298,762	0.000000	54.00
54.01	03650	VASCULAR LAB		0	0	0	13,982,917	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	19,741,920	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	56,069,985	0.000000	57.00
58.00	05800	MRI		0	0	0	13,161,488	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	48,762,624	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	58,818,034	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,052,179	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	12,536,127	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	24,718,219	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,755,734	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,456,583	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	26,640,344	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	28,657,604	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	55,859,273	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	48,356,361	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,613,462	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE		0	0	0	0	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	5,844,810	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH		0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	2,192,675	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	7,233,306	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT PROCEDURES		0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	68,506,227	0.000000	91.00
91.01	09101	C'VILLE OUT		0	0	0	917,945	0.000000	91.01
91.02	09102	LAKE HILL OUT		0	0	0	0	0.000000	91.02
91.03	09103	NUTRITION COUNSELING		0	0	0	2,875,271	0.000000	91.03
91.04	09104	HUNTLEY OP		0	0	0	0	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	9,753,766	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	706,441,358		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description			Title XIX		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0
54.01	03650	VASCULAR LAB	0.000000	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.000000	0	0	0	0
58.00	05800	MRI	0.000000	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00	06000	LABORATORY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	0	0	0	0
91.01	09101	C'VILLE OUT	0.000000	0	0	0	0
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0
91.03	09103	NUTRITION COUNSELING	0.000000	0	0	0	0
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0
200.00		Total (lines 50 through 199)		0	0	0	0

Health Financial Systems		PRESENCE SAINT JOSEPH HOSPITAL ELGIN		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 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)			25,437	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			25,437	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)			23,407	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)			9,488	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)			25,608,074	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)			25,608,074	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)			25,608,074	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)			1,006.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,551,854	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)			9,551,854	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0217

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,758,572	2,262	2,545.79	1,040	2,647,622
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,882,850
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,082,326
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					851,040
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					634,507
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,485,547
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,596,779
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)					2,030
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,006.73
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,043,662

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0217

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,936,116	25,608,074	0.075606	2,043,662	154,513
91.00	Nursing School cost	0	25,608,074	0.000000	2,043,662	0
92.00	Allied health cost	0	25,608,074	0.000000	2,043,662	0
93.00	All other Medical Education	0	25,608,074	0.000000	2,043,662	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 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)		10,070	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,070	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,070	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)		7,953	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)		10,377,774	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)		10,377,774	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)		10,377,774	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)		1,030.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,196,044	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)		8,196,044	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,601,124	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,797,168	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)					560,448	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					138,920	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					699,368	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,097,800	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: 14-0217 Component CCN: 14-T217		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/26/2019 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	709,592	10,377,774	0.068376	0	0	90.00
91.00	Nursing School cost	0	10,377,774	0.000000	0	0	91.00
92.00	Allied health cost	0	10,377,774	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,377,774	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 10:55 am
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,437	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,437	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)		23,407	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,764	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)		25,608,074	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)		25,608,074	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)		25,608,074	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)		1,006.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,775,872	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)		1,775,872	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0217

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Title XIX		Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	5,758,572	2,262	2,545.79	86	218,938
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,994,810
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					144,918
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					144,918
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,849,892
	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)					2,030
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,006.73
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,043,662

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0217

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 10:55 am

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,936,116	25,608,074	0.075606	2,043,662	154,513
91.00	Nursing School cost	0	25,608,074	0.000000	2,043,662	0
92.00	Allied health cost	0	25,608,074	0.000000	2,043,662	0
93.00	All other Medical Education	0	25,608,074	0.000000	2,043,662	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 10:55 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		31,248,347	30.00
31.00	03100	INTENSIVE CARE UNIT		10,306,702	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.062035	29,937,066	50.00
51.00	05100	RECOVERY ROOM	0.122104	9,708,725	51.00
53.00	05300	ANESTHESIOLOGY	0.026624	4,856,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167439	4,456,955	54.00
54.01	03650	VASCULAR LAB	0.076806	1,690,849	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228741	407,059	55.00
57.00	05700	CT SCAN	0.022537	6,828,594	57.00
58.00	05800	MRI	0.056483	1,375,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.061270	8,196,459	59.00
60.00	06000	LABORATORY	0.106344	12,129,734	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930	757,741	62.00
65.00	06500	RESPIRATORY THERAPY	0.147109	5,061,329	65.00
66.00	06600	PHYSICAL THERAPY	0.114826	2,495,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.179959	1,138,898	67.00
68.00	06800	SPEECH PATHOLOGY	0.294216	576,552	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059270	4,673,740	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322	6,367,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.212728	24,696,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269457	8,115,681	73.00
74.00	07400	RENAL DIALYSIS	0.278361	920,948	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100	663,426	76.02
76.03	03951	OCCUPATIONAL HEALTH	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.257197	2,816	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.155026	39,418	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	90.01
91.00	09100	EMERGENCY	0.103335	8,939,995	91.00
91.01	09101	C'VILLE OUT	0.310009	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	0.142533	0	91.03
91.04	09104	HUNTLEY OP	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.209525	2,138,886	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		146,175,876	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)		146,175,876	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 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
41.00	04100 SUBPROVIDER - IRF		28,001,292		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.062035	420	26	50.00
51.00	05100 RECOVERY ROOM	0.122104	6,276	766	51.00
53.00	05300 ANESTHESIOLOGY	0.026624	897	24	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.167439	353,327	59,161	54.00
54.01	03650 VASCULAR LAB	0.076806	168,729	12,959	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.228741	0	0	55.00
57.00	05700 CT SCAN	0.022537	352,064	7,934	57.00
58.00	05800 MRI	0.056483	83,512	4,717	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.061270	-2,011	-123	59.00
60.00	06000 LABORATORY	0.106344	2,283,309	242,816	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.283930	18,247	5,181	62.00
65.00	06500 RESPIRATORY THERAPY	0.147109	1,313,948	193,294	65.00
66.00	06600 PHYSICAL THERAPY	0.114826	7,741,313	888,904	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.179959	6,102,279	1,098,160	67.00
68.00	06800 SPEECH PATHOLOGY	0.294216	1,079,651	317,651	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059270	185,074	10,969	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.260322	7,062	1,838	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.212728	210	45	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.269457	2,316,725	624,258	73.00
74.00	07400 RENAL DIALYSIS	0.278361	473,335	131,758	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.131100	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0.000000	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.257197	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.155026	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.103335	7,606	786	91.00
91.01	09101 C'VILLE OUT	0.310009	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0.142533	0	0	91.03
91.04	09104 HUNTLEY OP	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.209525	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		22,491,973	3,601,124	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)		22,491,973	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 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)		5,602,862	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,904,353	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)		579,946	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		138.44	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.31	31.00
32.00	Sum of lines 30 and 31		25.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.39	33.00
34.00	Disproportionate share adjustment (see instructions)		610,600	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 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)	932,010	1,502,568	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	234,918	1,123,838	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,358,756		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	26,056,517		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)		26,056,517	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,056,129	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,112,646	59.00
60.00	Primary payer payments		20,782	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,091,864	61.00
62.00	Deductibles billed to program beneficiaries		2,264,084	62.00
63.00	Coinsurance billed to program beneficiaries		112,108	63.00
64.00	Allowable bad debts (see instructions)		473,842	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		307,997	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		376,787	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,023,669	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)		-2,186	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		26,021,483	71.00	
71.01	Sequestration adjustment (see instructions)		520,430	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		25,294,452	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		206,601	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		583,228	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 10:55 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,602,862	0	5,602,862		5,602,862	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,904,353	0		17,904,353	17,904,353	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	579,946	0	171,163	408,783	579,946	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1039	0.1039	0.1039	0.1039		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	610,600	0	145,534	465,066	610,600	11.00
11.01	Uncompensated care payments	36.00	1,358,756	0	719,336	207,352	926,688	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	26,056,517	0	6,638,895	19,417,622	26,056,517	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	26,056,517	0	6,638,895	19,417,622	26,056,517	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,056,129	0	492,825	1,563,304	2,056,129	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 10:55 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	7,131,720	20,980,926	28,112,646
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,912,904	0	456,407	1,456,497	1,912,904
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	41,076	0	12,046	29,030	41,076
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0534	0.0534	0.0534	0.0534	
25.00	Disproportionate share adjustment (see instructions)	11.00	102,149	0	24,372	77,777	102,149
26.00	Total prospective capital payments (see instructions)	12.00	2,056,129	0	492,825	1,563,304	2,056,129
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 10:55 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,602,862	5,602,862		5,602,862	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,904,353		17,904,353	17,904,353	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	579,946	171,163	408,783	579,946	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1039	0.1039	0.1039		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	610,600	145,534	465,066	610,600	11.00
11.01	Uncompensated care payments	36.00	1,358,756	234,918	1,123,838	1,358,756	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	26,056,517	6,154,477	19,902,040	26,056,517	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	26,056,517	6,154,477	19,902,040	26,056,517	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,056,129	492,825	1,563,304	2,056,129	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			6,647,302	21,465,344	28,112,646	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 10:55 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,912,904	456,407	1,456,497	1,912,904	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	41,076	12,046	29,030	41,076	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0534	0.0534	0.0534		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	102,149	24,372	77,777	102,149	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,056,129	492,825	1,563,304	2,056,129	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-2,186	19,795	-21,981	-2,186	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 10:55 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,857	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,169,924	2.00
3.00	OPPS payments		14,628,567	3.00
4.00	Outlier payment (see instructions)		96,063	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,857	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		32,869	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)		32,869	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)		32,869	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,012	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)		8,857	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)		14,724,630	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)		2,478,344	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,255,143	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)		12,255,143	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		12,255,143	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)		352,427	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		229,078	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		276,929	36.00
37.00	Subtotal (see instructions)		12,484,221	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)		12,484,221	40.00
40.01	Sequestration adjustment (see instructions)		249,684	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,232,825	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,712	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0217 Component CCN: 14-T217	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 10:55 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		1,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		361	2.00
3.00	OPPS payments		1,250	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,955	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)		6,955	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)		6,955	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,081	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,874	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,250	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)		3,124	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)		3,124	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,124	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)		3,124	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)		3,124	40.00
40.01	Sequestration adjustment (see instructions)		62	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,965	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		97	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 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		24,979,015		12,007,932	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		427,378		293,852	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	01/24/2019	111,941	01/24/2019	68,959	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)		-111,941		-68,959	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)		25,294,452		12,232,825	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		206,601		1,712	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		25,501,053		12,234,537	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: 14-0217
 Component CCN: 14-T217

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/26/2019 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		12,970,665		2,965	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	08/03/2017	19,444		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)		19,444		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)		12,990,109		2,965	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		25,420		97	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		13,015,529		3,062	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor		0			8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 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: 14-0217 Component CCN: 14-T217	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/26/2019 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)			13,315,432 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0124 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			106,523 3.00
4.00	Outlier Payments			94,807 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)			27.589041 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)			13,516,762 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)			13,516,762 17.00
18.00	Primary payer payments			22,857 18.00
19.00	Subtotal (line 17 less line 18).			13,493,905 19.00
20.00	Deductibles			137,640 20.00
21.00	Subtotal (line 19 minus line 20)			13,356,265 21.00
22.00	Coinsurance			76,746 22.00
23.00	Subtotal (line 21 minus line 22)			13,279,519 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,512 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,633 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			13,281,152 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)			0 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)			13,281,152 32.00
32.01	Sequestration adjustment (see instructions)			265,623 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			12,990,109 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)			25,420 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,917 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			94,807 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0217

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

Worksheet G

Date/Time Prepared:
11/26/2019 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	1,630,085	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,724,753	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	3,810,337	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	540,462	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)	24,705,637	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,020,000	0	0	0	12.00
13.00	Land improvements	1,271,500	0	0	0	13.00
14.00	Accumulated depreciation	-160,034	0	0	0	14.00
15.00	Buildings	47,271,518	0	0	0	15.00
16.00	Accumulated depreciation	-2,378,142	0	0	0	16.00
17.00	Leasehold improvements	15,000	0	0	0	17.00
18.00	Accumulated depreciation	-2,105	0	0	0	18.00
19.00	Fixed equipment	14,933,544	0	0	0	19.00
20.00	Accumulated depreciation	-2,660,720	0	0	0	20.00
21.00	Automobiles and trucks	28,000	0	0	0	21.00
22.00	Accumulated depreciation	-4,978	0	0	0	22.00
23.00	Major movable equipment	684,963	0	0	0	23.00
24.00	Accumulated depreciation	-433,362	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)	63,585,184	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	106,796	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	106,796	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	88,397,617	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,165,324	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	337,237	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	13,506,932	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,009,493	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,009,493	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	72,388,124				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	72,388,124	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	88,397,617	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0217

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 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		75,542,364		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-59,508				2.00
3.00	Total (sum of line 1 and line 2)		75,482,856		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		75,482,856		0		11.00
12.00	NET ASSET TRANSFERS	3,094,732		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)		3,094,732		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		72,388,124		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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0217

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 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	93,929,348		93,929,348	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	35,409,198		35,409,198	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	129,338,546		129,338,546	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,922,896		21,922,896	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,922,896		21,922,896	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	151,261,442		151,261,442	17.00
18.00	Ancillary services	326,408,094	325,843,844	652,251,938	18.00
19.00	Outpatient services	0	54,189,421	54,189,421	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	MISC INCOME	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	477,669,536	380,033,265	857,702,801	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		137,346,323		29.00
30.00	BALANCING AMOUNT	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	BALANCING AMOUNT	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		137,346,321		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0217

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

Worksheet G-3

Date/Time Prepared:

11/26/2019 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	857,702,801	1.00
2.00	Less contractual allowances and discounts on patients' accounts	723,213,345	2.00
3.00	Net patient revenues (line 1 minus line 2)	134,489,456	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	137,346,321	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,856,865	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	96,975	6.00
7.00	Income from investments	98,716	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	428,398	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	3,025	21.00
22.00	Rental of hospital space	287,618	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,882,625	24.00
25.00	Total other income (sum of lines 6-24)	2,797,357	25.00
26.00	Total (line 5 plus line 25)	-59,508	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-59,508	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0217	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,912,904	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		41,076	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)		70.33	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.36	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.31	8.00
9.00	Sum of lines 7 and 8		25.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.34	10.00
11.00	Disproportionate share adjustment (see instructions)		102,149	11.00
12.00	Total prospective capital payments (see instructions)		2,056,129	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