

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: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/28/2020 11:08 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE
 Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	825,895	215,931	0	0	1.00
2.00	Subprovider - IPF	0	84,676	0		0	2.00
3.00	Subprovider - IRF	0	-16,493	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	894,078	215,931	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: 14-0223		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:08 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1775 W. DEMPSTER STREET			PO Box:				1.00		
2.00	City: PARK RIDGE			State: IL		Zip Code: 60068-		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	O
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)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,517	9,557	0	0	14,509	249	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	190	252	0	0	413		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.					2		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.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	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	N	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:08 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 01/01/2019
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.41	73.07	0.124701	64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		5.24	82.91	0.059444	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	5.02	21.84	0.186895	67.00
67.01		INTERNAL MEDICINE	1400	0.04	0.19	0.173913	67.01
67.02		PEDIATRICS	2000	6.86	29.86	0.186819	67.02

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					From 01/01/2019 To 12/31/2019		Part I Date/Time Prepared: 8/28/2020 11:08 am		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.03		INTERNAL MEDICINE	3900	11.82	51.48	0.186730		67.03	
67.04				0.00	0.00	0.000000		67.04	
67.05				0.00	0.00	0.000000		67.05	
						1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					Y	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	76.00
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.						N		81.00
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.								86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.						N		87.00
					V	XIX			
					1.00	2.00			
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y		98.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:08 am	
			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
					1.00
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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	794,130	11,366,500	1,678,787	118.01
					1.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:08 am	
		1.00		2.00			
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	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/28/2020 11:08 am
				1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 11:08 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/26/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		Y	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/18/2020	Y 08/18/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/28/2020 11:08 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELLEN	SCHULTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-9254	ELLEN.SCHULTZ2@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/28/2020 11:08 am

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:08 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	415	150,305	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)		415	150,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	42	13,422	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		543	195,117	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	55	18,405		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		643				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		17	6,205			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: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:08 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)	37,703	5,378	110,173			1.00
2.00	HMO and other (see instructions)	16,046	18,928				2.00
3.00	HMO IPF Subprovider	720	1,349				3.00
4.00	HMO IRF Subprovider	1,469	475				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)	37,703	5,378	110,173			7.00
8.00	INTENSIVE CARE UNIT	2,300	413	8,627			8.00
9.00	CORONARY CARE UNIT	4,136	456	9,542			9.00
9.01	NEONATAL CARE UNIT	0	2,426	13,152			9.01
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,099	6,387			13.00
14.00	Total (see instructions)	44,139	9,772	147,881	210.31	3,106.18	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,495	525	7,660	2.44	75.46	16.00
17.00	SUBPROVIDER - IRF	6,228	142	12,415	0.00	65.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			914			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	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)				212.75	3,246.64	27.00
28.00	Observation Bed Days		462	14,759			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	249	1,778			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: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/28/2020 11:08 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	8,197	1,112	26,955	1.00
2.00 HMO and other (see instructions)			2,704	3,647		2.00
3.00 HMO IPF Subprovider				211		3.00
4.00 HMO IRF Subprovider				32		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
9.01 NEONATAL CARE UNIT						9.01
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	8,197	1,112	26,955	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	138	72	1,026	16.00
17.00 SUBPROVIDER - IRF	0.00	0	432	8	848	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					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: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 11:08 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	263,818,013	0	263,818,013	7,265,294.00	36.31
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,015,355	0	3,015,355	22,641.00	133.18
4.01	Physicians - Part A - Teaching		7,161,904	0	7,161,904	57,037.00	125.57
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	13,313,446	0	13,313,446	447,741.00	29.73
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,600,457	-361,756	11,238,701	325,520.00	34.53
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		398,988	0	398,988	4,966.00	80.34
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		3,739,957	0	3,739,957	24,658.00	151.67
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		32,307,333	0	32,307,333	453,417.00	71.25
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		62,640,693	0	62,640,693		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,014,565	0	3,014,565		
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		589,823	0	589,823		
22.01	Physician Part A - Teaching		1,240,733	0	1,240,733		
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)		2,766,178	0	2,766,178		
25.50	Home office wage-related (core)		4,871,343	0	4,871,343		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/28/2020 11:08 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,359,197	-595,614	763,583	22,360.00	34.15	26.00
27.00	Administrative & General	5.00	22,667,819	91,065	22,758,884	561,891.00	40.50	27.00
28.00	Administrative & General under contract (see inst.)		1,309,533	0	1,309,533	6,710.00	195.16	28.00
29.00	Maintenance & Repairs	6.00	5,206,667	8,375	5,215,042	165,693.00	31.47	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	6,147,989	-39,935	6,108,054	351,458.00	17.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,560,645	-2,238,820	2,321,825	115,565.00	20.09	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,244,175	2,244,175	111,966.00	20.04	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,671,840	1,220,921	4,892,761	74,110.00	66.02	38.00
39.00	Central Services and Supply	14.00	1,892,702	4,300	1,897,002	88,754.00	21.37	39.00
40.00	Pharmacy	15.00	10,340,259	-553,600	9,786,659	207,896.00	47.07	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,937,885	0	1,937,885	46,925.00	41.30	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/28/2020 11:08 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)	244,652,196	0	244,652,196	6,767,226.00	36.15	1.00
2.00	Excluded area salaries (see instructions)	11,600,457	-361,756	11,238,701	325,520.00	34.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	233,051,739	361,756	233,413,495	6,441,706.00	36.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,446,278	0	36,446,278	483,041.00	75.45	4.00
5.00	Subtotal wage-related costs (see inst.)	68,101,859	0	68,101,859	0.00	29.18	5.00
6.00	Total (sum of lines 3 thru 5)	337,599,876	361,756	337,961,632	6,924,747.00	48.80	6.00
7.00	Total overhead cost (see instructions)	59,094,536	140,867	59,235,403	1,753,328.00	33.78	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/28/2020 11:08 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,818,592	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,757,600	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	405,196	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	24,994,821	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	5,940,252	9.00
10.00	Dental, Hearing and Vision Plan	894,700	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	205,897	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)	2,056,340	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,692,800	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	18,616,857	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	208,732	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))	301,311	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,358,894	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	70,251,992	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/28/2020 11:08 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	398,988	70,251,992	1.00
2.00	Hospital	398,988	67,237,427	2.00
3.00	Subprovider - IPF	0	1,656,179	3.00
4.00	Subprovider - IRF	0	1,358,386	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10	
				Date/Time Prepared: 8/28/2020 11:08 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)			0.247422	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			80,267,918	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			407,920,897	6.00
7.00	Medicaid cost (line 1 times line 6)			100,928,604	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)			20,660,686	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)			20,660,686	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)	49,871,817	6,060,401	55,932,218	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	12,339,385	6,060,401	18,399,786	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)	12,339,385	6,060,401	18,399,786	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)			23,387,171	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,697,999	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,612,307	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,774,864	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,054,466	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			24,454,252	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			45,114,938	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

Period:

From 01/01/2019

To 12/31/2019

Worksheet A

Date/Time Prepared:

8/28/2020 11:08 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	20,464,543	20,464,543	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,486,444	12,486,444	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,359,197	50,782,779	52,141,976	-595,614	51,546,362	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	1,473,965	1,950,896	3,424,861	3,765	3,428,626	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,401	23,418,040	23,423,441	0	23,423,441	5.05
5.06	00590	OTHER ADMIN AND GENERAL	21,188,453	177,773,095	198,961,548	-17,213,590	181,747,958	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,206,667	20,409,543	25,616,210	-83,498	25,532,712	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,853,656	2,853,656	8.00
9.00	00900	HOUSEKEEPING	6,147,989	5,067,904	11,215,893	-2,932,604	8,283,289	9.00
10.00	01000	DIETARY	4,560,645	3,842,544	8,403,189	-2,047,774	6,355,415	10.00
11.00	01100	CAFETERIA	0	0	0	2,015,769	2,015,769	11.00
13.00	01300	NURSING ADMINISTRATION	3,671,840	607,114	4,278,954	1,161,884	5,440,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,892,702	2,903,184	4,795,886	-437,143	4,358,743	14.00
15.00	01500	PHARMACY	10,340,259	39,742,287	50,082,546	-35,313,593	14,768,953	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	651,332	651,332	-1,008	650,324	16.00
17.00	01700	SOCIAL SERVICE	1,937,885	310,100	2,247,985	0	2,247,985	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,313,446	3,519,496	16,832,942	0	16,832,942	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,161,904	4,882,674	12,044,578	-21,323	12,023,255	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,110,533	150,363	1,260,896	-1,077,171	183,725	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	655,186	655,186	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,615,100	6,688,140	64,303,240	-2,519,094	61,784,146	30.00
31.00	03100	INTENSIVE CARE UNIT	8,407,967	1,630,664	10,038,631	-246,538	9,792,093	31.00
32.00	03200	CORONARY CARE UNIT	7,973,357	1,623,226	9,596,583	-183,703	9,412,880	32.00
32.01	03201	NEONATAL CARE UNIT	9,272,681	1,302,480	10,575,161	-102,933	10,472,228	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,648,210	515,346	6,163,556	3,153	6,166,709	40.00
41.00	04100	SUBPROVIDER - IRF	4,632,621	494,057	5,126,678	-137,710	4,988,968	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,365,860	1,365,860	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,099,272	6,162,650	19,261,922	-2,680,929	16,580,993	50.00
51.00	05100	RECOVERY ROOM	1,750,739	148,023	1,898,762	-341	1,898,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,151,668	712,482	5,864,150	-203,396	5,660,754	52.00
53.00	05300	ANESTHESIOLOGY	630,103	741,485	1,371,588	-73,387	1,298,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,299,669	2,544,199	12,843,868	-1,749,374	11,094,494	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,177,275	4,900,675	6,077,950	-504,513	5,573,437	55.00
56.00	05600	RADIOISOTOPE	1,511,713	1,197,542	2,709,255	15,317	2,724,572	56.00
57.00	05700	CT SCAN	2,023,552	1,399,535	3,423,087	-436,696	2,986,391	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,462,172	732,663	2,194,835	-472,721	1,722,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,933,745	1,401,913	3,335,658	-1,303,174	2,032,484	59.00
60.00	06000	LABORATORY	0	17,649,412	17,649,412	-15,196	17,634,216	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,295,808	2,295,808	-33,981	2,261,827	62.00
65.00	06500	RESPIRATORY THERAPY	8,299,965	1,089,562	9,389,527	-211,116	9,178,411	65.00
66.00	06600	PHYSICAL THERAPY	6,063,847	577,535	6,641,382	-11,642	6,629,740	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,748,799	750,763	8,499,562	36,573	8,536,135	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,257,695	666,311	3,924,006	-131,486	3,792,520	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,145,557	956,411	2,101,968	-46,605	2,055,363	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,595,300	54,595,300	483,555	55,078,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	36,007,386	36,007,386	0	36,007,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,519,745	34,519,745	73.00
74.00	07400	RENAL DIALYSIS	758,924	483,290	1,242,214	-37,964	1,204,250	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,083,353	306,920	3,390,273	-24,285	3,365,988	75.00
76.00	03950	REHAB MEDICINE	767,617	78,282	845,899	0	845,899	76.00
76.20	03951	DAY HOSPITAL	919,153	72,955	992,108	4,659	996,767	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	2,663,677	1,267,348	3,931,025	-887,295	3,043,730	76.45
76.97	07697	CARDIAC REHABILITATION	529,538	54,452	583,990	-7,448	576,542	76.97
76.99	07699	LITHOTRIPER	0	849,170	849,170	0	849,170	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	481,871	481,871	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	189,358	15,476	204,834	0	204,834	90.01
90.02	09002	OUTPATIENT CENTER	1,843,100	328,076	2,171,176	-123,062	2,048,114	90.02
90.03	09003	PAIN CLINIC	508,055	78,966	587,021	-18,818	568,203	90.03
90.05	09004	WOUND CARE CENTER	447,999	35,556	483,555	-483,555	0	90.05
90.06	09005	ANTI-COAG LAB	617,420	46,403	663,823	-17,361	646,462	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	12,804,133	2,477,942	15,282,075	-465,787	14,816,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	263,608,920	488,889,755	752,498,675	3,698,552	756,197,227	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	209,093	3,843,114	4,052,207	-3,698,552	353,655	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	263,818,013	492,732,869	756,550,882	0	756,550,882	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,936,753	23,401,296	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,226,426	16,712,870	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,357,408	62,903,770	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,428,626	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	23,423,441	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-78,933,195	102,814,763	5.06
6.00	00600	MAINTENANCE & REPAIRS	-376,515	25,156,197	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,656	8.00
9.00	00900	HOUSEKEEPING	-1,270	8,282,019	9.00
10.00	01000	DIETARY	-2,206,039	4,149,376	10.00
11.00	01100	CAFETERIA	0	2,015,769	11.00
13.00	01300	NURSING ADMINISTRATION	-1,236	5,439,602	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,358,743	14.00
15.00	01500	PHARMACY	-383,131	14,385,822	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	650,324	16.00
17.00	01700	SOCIAL SERVICE	-157,946	2,090,039	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,832,942	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-534,721	11,488,534	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-23,171	160,554	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	655,186	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-540,960	61,243,186	30.00
31.00	03100	INTENSIVE CARE UNIT	-16,078	9,776,015	31.00
32.00	03200	CORONARY CARE UNIT	-34	9,412,846	32.00
32.01	03201	NEONATAL CARE UNIT	-7,338	10,464,890	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-122,647	6,044,062	40.00
41.00	04100	SUBPROVIDER - IRF	-1,703	4,987,265	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,365,860	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,380	16,567,613	50.00
51.00	05100	RECOVERY ROOM	-979	1,897,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,800	5,654,954	52.00
53.00	05300	ANESTHESIOLOGY	-158,931	1,139,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-32,535	11,061,959	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-15,920	5,557,517	55.00
56.00	05600	RADIOISOTOPE	0	2,724,572	56.00
57.00	05700	CT SCAN	0	2,986,391	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,722,114	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,958	2,028,526	59.00
60.00	06000	LABORATORY	0	17,634,216	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,261,827	62.00
65.00	06500	RESPIRATORY THERAPY	-960	9,177,451	65.00
66.00	06600	PHYSICAL THERAPY	-7	6,629,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,949	8,531,186	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-82,393	3,710,127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	450	2,055,813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,078,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	36,007,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,519,745	73.00
74.00	07400	RENAL DIALYSIS	-3	1,204,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,365,988	75.00
76.00	03950	REHAB MEDICINE	-7,148	838,751	76.00
76.20	03951	DAY HOSPITAL	-20,876	975,891	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	3,043,730	76.45
76.97	07697	CARDIAC REHABILITATION	0	576,542	76.97
76.99	07699	LITHOTRIPER	0	849,170	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	481,871	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	204,834	90.01
90.02	09002	OUTPATIENT CENTER	-2,210	2,045,904	90.02
90.03	09003	PAIN CLINIC	-94	568,109	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	646,462	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	-804,267	14,012,021	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-65,939,357	690,257,870	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,044	365,699	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-65,927,313	690,623,569	200.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:08 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,519,745		1.00
	0		0	34,519,745		
	B - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,853,656		1.00
	0		0	2,853,656		
	C - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	64,719	13,268		1.00
2.00	RADIOISOTOPE	56.00	67,213	13,779		2.00
3.00	CT SCAN	57.00	105,786	21,687		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	75,498	15,478		4.00
	0		313,216	64,212		
	D - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMIN AND GENERAL	5.06	947,465	129,338		1.00
	0		947,465	129,338		
	E - REHAB DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	29,412	10,977		1.00
2.00	OCCUPATIONAL THERAPY	67.00	37,993	14,180		2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	281	105		3.00
	0		67,686	25,262		
	F - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	42,186	0		1.00
	0		42,186	0		
	G - NURSERY					
1.00	NURSERY	43.00	1,250,702	115,158		1.00
	0		1,250,702	115,158		
	H - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,244,175	1,787,001		1.00
	0		2,244,175	1,787,001		
	I - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,015,407		1.00
	0		0	2,015,407		
	J - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,151,379	54,236		1.00
	0		1,151,379	54,236		
	K - PARAMEDIC PHARMACY					
1.00	PARAMED ED PRGM-PHARMACY	23.01	590,678	64,508		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		590,678	64,508		
	L - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	21,971	9,986		1.00
	0		21,971	9,986		
	M - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	447,999	35,556		1.00
	0		447,999	35,556		
	N - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,597,585		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,486,444		2.00
	0		0	29,084,029		
	O - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,866,958		1.00
2.00		0.00	0	0		2.00
	0		0	3,866,958		
	P - RECLASSIFY EQUIPMENT DEPRECIATION					
1.00	OTHER ADMIN AND GENERAL	5.06	0	11,847,169		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:08 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
0			0	11,847,169	
Q - OIG FRAUD EMPLOYEES					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	43,732	0	1.00
0			43,732	0	
R - LT, MGT, AND ASSOCIATE INCENTIVE					
1.00	PURCHASING RECEIVING AND STORES	5.03	3,765	0	1.00
2.00	OTHER ADMIN AND GENERAL	5.06	314,371	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	8,375	0	3.00
4.00	HOUSEKEEPING	9.00	3,797	0	4.00
5.00	DIETARY	10.00	5,355	0	5.00
6.00	NURSING ADMINISTRATION	13.00	69,542	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	4,300	0	7.00
8.00	PHARMACY	15.00	13,667	0	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	4,225	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	39,553	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	9,713	0	11.00
12.00	CORONARY CARE UNIT	32.00	4,692	0	12.00
13.00	NEONATAL CARE UNIT	32.01	4,571	0	13.00
14.00	SUBPROVIDER - IPF	40.00	4,197	0	14.00
15.00	SUBPROVIDER - IRF	41.00	14,507	0	15.00
16.00	OPERATING ROOM	50.00	27,355	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	4,197	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	9,107	0	18.00
19.00	RESPIRATORY THERAPY	65.00	10,426	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	10,393	0	20.00
21.00	DAY HOSPITAL	76.20	4,659	0	21.00
22.00	GASTRO INTESTINAL SERVICES	76.45	4,893	0	22.00
23.00	PAIN CLINIC	90.03	4,157	0	23.00
24.00	ANTI-COAG LAB	90.06	6,345	0	24.00
25.00	EMERGENCY	91.00	9,452	0	25.00
0			595,614	0	
S - ALLOGENEIC BONE MARROW ACQUISITION					
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	481,871	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
0			0	481,871	
500.00	Grand Total: Increases		7,716,803	86,954,092	500.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
8/28/2020 11:08 am

	Decreases					8/28/2020 11:08 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - DRUGS CHARGES					
1.00	PHARMACY	15.00	0	34,519,745	0	1.00
	0		0	34,519,745		
	B - LINEN					
1.00	HOUSEKEEPING	9.00	0	2,853,656	0	1.00
	0		0	2,853,656		
	C - RADIOLOGY ADMIN					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	313,216	64,212	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	0		313,216	64,212		
	D - PARAMEDIC CHAPLAIN					
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	947,465	129,338	0	1.00
	0		947,465	129,338		
	E - REHAB DIRECTORS					
1.00	SUBPROVIDER - IRF	41.00	67,686	25,262	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		67,686	25,262		
	F - OTHER REHAB ADMIN					
1.00	PHYSICAL THERAPY	66.00	42,186	0	0	1.00
	0		42,186	0		
	G - NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	1,250,702	115,158	0	1.00
	0		1,250,702	115,158		
	H - CAFETERIA COSTS					
1.00	DIETARY	10.00	2,244,175	1,787,001	0	1.00
	0		2,244,175	1,787,001		
	I - CAFETERIA REVENUE OFFSET					
1.00	CAFETERIA	11.00	0	2,015,407	0	1.00
	0		0	2,015,407		
	J - NURSING ADMIN PERSONNEL					
1.00	OTHER ADMIN AND GENERAL	5.06	1,151,379	54,236	0	1.00
	0		1,151,379	54,236		
	K - PARAMEDIC PHARMACY					
1.00	PHARMACY	15.00	567,267	62,964	0	1.00
2.00	ANTI-COAG LAB	90.06	22,225	1,481	0	2.00
3.00	OTHER ADMIN AND GENERAL	5.06	1,186	63	0	3.00
	0		590,678	64,508		
	L - CHILD LIFE/PRENATAL					
1.00	OTHER ADMIN AND GENERAL	5.06	21,971	9,986	0	1.00
	0		21,971	9,986		
	M - WOUND CARE COSTS					
1.00	WOUND CARE CENTER	90.05	447,999	35,556	0	1.00
	0		447,999	35,556		
	N - BOOK DEPRECIATION RECLASS					
1.00	OTHER ADMIN AND GENERAL	5.06	0	29,084,029	9	1.00
2.00		0.00	0	0	9	2.00
	0		0	29,084,029		
	O - RECLASS BUILDING RENT					
1.00	OTHER ADMIN AND GENERAL	5.06	0	129,083	10	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,737,875	10	2.00
	0		0	3,866,958		
	P - RECLASSIFY EQUIPMENT DEPRECIATION					
1.00	MAINTENANCE & REPAIRS	6.00		91,873	0	1.00
2.00	HOUSEKEEPING	9.00		39,013	0	2.00
3.00	DIETARY	10.00		37,360	0	3.00
4.00	NURSING ADMINISTRATION	13.00		113,273	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00		441,443	0	5.00
6.00	PHARMACY	15.00		177,284	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00		1,008	0	7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		25,548	0	8.00
9.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00		368	0	9.00
10.00	ADULTS & PEDIATRICS	30.00		862,457	0	10.00
11.00	INTENSIVE CARE UNIT	31.00		256,251	0	11.00
12.00	CORONARY CARE UNIT	32.00		188,395	0	12.00
13.00	NEONATAL CARE UNIT	32.01		107,504	0	13.00
14.00	SUBPROVIDER - IPF	40.00		1,044	0	14.00
15.00	SUBPROVIDER - IRF	41.00		59,269	0	15.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	OPERATING ROOM	50.00		2,708,020	0		16.00
17.00	RECOVERY ROOM	51.00		341	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00		207,593	0		18.00
19.00	ANESTHESIOLOGY	53.00		73,387	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00		1,381,053	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00		582,500	0		21.00
22.00	RADIOISOTOPE	56.00		65,675	0		22.00
23.00	CT SCAN	57.00		564,169	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		563,697	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00		1,303,174	0		25.00
26.00	RESPIRATORY THERAPY	65.00		221,542	0		26.00
27.00	PHYSICAL THERAPY	66.00		9,845	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00		57,786	0		28.00
29.00	ELECTROCARDIOLOGY	69.00		141,879	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00		46,605	0		30.00
31.00	RENAL DIALYSIS	74.00		37,964	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00		24,285	0		32.00
33.00	GASTRO INTESTINAL SERVICES	76.45		892,188	0		33.00
34.00	CARDIAC REHABILITATION	76.97		7,448	0		34.00
35.00	OUTPATIENT CENTER	90.02		52,919	0		35.00
36.00	PAIN CLINIC	90.03		22,975	0		36.00
37.00	EMERGENCY	91.00		475,239	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		4,795	0		38.00
	0		0	11,847,169			
Q - OIG FRAUD EMPLOYEES							
1.00	HOUSEKEEPING	9.00	43,732	0	0		1.00
	0		43,732	0			
R - LT, MGT, AND ASSOCIATE INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	595,614	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
	0		595,614	0			
S - ALLOGENEIC BONE MARROW ACQUISITION							
1.00	ADULTS & PEDIATRICS	30.00	0	362,287	0		1.00
2.00	OPERATING ROOM	50.00	0	264	0		2.00
3.00	LABORATORY	60.00	0	15,196	0		3.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	33,981	0		4.00
5.00	OUTPATIENT CENTER	90.02	0	70,143	0		5.00
	0		0	481,871			
500.00	Grand Total: Decreases		7,716,803	86,954,092			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/28/2020 11:08 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	838,158	0	0	0	0	1.00	
2.00	Land Improvements	19,649,199	104,892	0	104,892	0	2.00	
3.00	Buildings and Fixtures	539,339,030	10,393,619	0	10,393,619	331,565	3.00	
4.00	Building Improvements	5,201,038	24,800	0	24,800	230,551	4.00	
5.00	Fixed Equipment	174,077,596	24,692,528	0	24,692,528	64,819,629	5.00	
6.00	Movable Equipment	718,147	42,744	0	42,744	314,246	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	739,823,168	35,258,583	0	35,258,583	65,695,991	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	739,823,168	35,258,583	0	35,258,583	65,695,991	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	838,158	0					1.00
2.00	Land Improvements	19,754,091	7,117,140					2.00
3.00	Buildings and Fixtures	549,401,084	215,858,965					3.00
4.00	Building Improvements	4,995,287	2,651,843					4.00
5.00	Fixed Equipment	133,950,495	46,562,718					5.00
6.00	Movable Equipment	446,645	249,267					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	709,385,760	272,439,933					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	709,385,760	272,439,933					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	574,150,462	0	574,150,462	0.810320	0	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	134,397,140	0	134,397,140	0.189680	0	2.00	
3.00	Total (sum of lines 1-2)	708,547,602	0	708,547,602	1.000000	0	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,561,994	3,839,302	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,712,870	0	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	36,274,864	3,839,302	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	23,401,296	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,712,870	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	0	40,114,166	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-213,072	OTHER ADMIN AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-238,451	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,651,459			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	-3,457,479			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,361,996	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-5,578	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-501,780	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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Worksheet A-8

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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		
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02
33.03 COMMUNITY RELATIONS	A	-6,473	OTHER ADMIN AND GENERAL	5.06	0	33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	33.11
33.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.13
33.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-30,029,736	OTHER ADMIN AND GENERAL	5.06	0	33.17
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-418,965	OTHER ADMIN AND GENERAL	5.06	0	33.18
33.19 OFFSET MEN'S ASSOCIATION	A	-235	OTHER ADMIN AND GENERAL	5.06	0	33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-24,032	OTHER ADMIN AND GENERAL	5.06	0	33.21
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24 PHYSICIAN COMPONENT BILLING	A	-36,000	OTHER ADMIN AND GENERAL	5.06	0	33.24
33.25 LOBBYING COSTS ABOVE ACCOUNTING	A	-5,323	OTHER ADMIN AND GENERAL	5.06	0	33.25
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMIN AND GENERAL	5.06	0	33.26
33.27 OFFSET INTEREST EXPENSE	A	-5,178,694	OTHER ADMIN AND GENERAL	5.06	11	33.27
33.28 OTHER ADJUSTMENT	A	0		0.00	0	33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.29
33.30 ADJUST PARKSIDE RENT TO COST	A	-27,656	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.30
33.31 ADD ON POST EMP COST (60626 & 60629)	A	561,900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.31
43.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.01
43.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.02
43.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.03
43.04 MISC INC	B	-1,623,499	OTHER ADMIN AND GENERAL	5.06	0	43.04
43.05 MISC INC	B	-2,205,471	DIETARY	10.00	0	43.05
43.06 MISC INC	B	-382,979	PHARMACY	15.00	0	43.06
43.07 MISC INC	B	-435,570	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43.07
43.08 MISC INC	B	-6,311	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	43.08
43.09 MISC INC	B	-16,378	ADULTS & PEDIATRICS	30.00	0	43.09
43.10 MISC INC	B	-26,391	SUBPROVIDER - IPF	40.00	0	43.10
43.11 MISC INC	B	-9,440	OPERATING ROOM	50.00	0	43.11
43.13 MISC INC	B	-30,535	RADIOLOGY-DIAGNOSTIC	54.00	0	43.13
43.14 MISC INC	B	-960	RESPIRATORY THERAPY	65.00	0	43.14
43.16 MISC INC	B	-4,949	OCCUPATIONAL THERAPY	67.00	0	43.16
43.18 MISC INC	B	-4,935	ELECTROCARDIOLOGY	69.00	0	43.18
43.19 MISC INC	B	450	ELECTROENCEPHALOGRAPHY	70.00	0	43.19
43.20 MISC INC	B	-7,148	REHAB MEDICINE	76.00	0	43.20
43.21 MISC INC	B	-20,876	DAY HOSPITAL	76.20	0	43.21
43.22 MISC INC	B	-637,560	EMERGENCY	91.00	0	43.22
43.23 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.23
43.24 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.24

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A 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	
43.25	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.25
43.26	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.26
43.27	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.27
43.29	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	43.29
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.31
43.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.32
43.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.33
43.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.34
43.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35
43.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.37
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
44.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.01
44.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.02
44.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04
44.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.05
44.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06
44.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10
44.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.11
44.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.12
44.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13
44.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.15
44.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.18
44.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.19
44.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.21
44.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.22
44.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.23
44.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.24
44.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.25
44.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-43,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.28
44.29	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-7,365,480	OTHER ADMIN AND GENERAL	5.06	0	44.29
44.30	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-138,064	MAINTENANCE & REPAIRS	6.00	0	44.30

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,270	HOUSEKEEPING	9.00	0	45.02
45.03	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-568	DIETARY	10.00	0	45.03
45.04	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,236	NURSING ADMINISTRATION	13.00	0	45.04
45.05	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-152	PHARMACY	15.00	0	45.05
45.06	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-157,946	SOCIAL SERVICE	17.00	0	45.06
45.08	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-99,151	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.08
45.09	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-16,860	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	45.09
45.10	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-22,802	ADULTS & PEDIATRICS	30.00	0	45.10
45.11	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-16,078	INTENSIVE CARE UNIT	31.00	0	45.11
45.12	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-34	CORONARY CARE UNIT	32.00	0	45.12
45.13	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7,338	NEONATAL CARE UNIT	32.01	0	45.13
45.14	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-36	SUBPROVIDER - IPF	40.00	0	45.14
45.15	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,703	SUBPROVIDER - IRF	41.00	0	45.15
45.16	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,522	OPERATING ROOM	50.00	0	45.16
45.17	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-979	RECOVERY ROOM	51.00	0	45.17
45.18	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,800	DELIVERY ROOM & LABOR ROOM	52.00	0	45.18
45.19	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,000	RADIOLOGY-DIAGNOSTIC	54.00	0	45.19
45.20	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-15,920	RADIOLOGY-THERAPEUTIC	55.00	0	45.20
45.21	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,958	CARDIAC CATHETERIZATION	59.00	0	45.21
45.22	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7	PHYSICAL THERAPY	66.00	0	45.22
45.23	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-4,060	ELECTROCARDIOLOGY	69.00	0	45.23
45.24	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3	RENAL DIALYSIS	74.00	0	45.24
45.25	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,210	OUTPATIENT CENTER	90.02	0	45.25
45.26	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-94	PAIN CLINIC	90.03	0	45.26
45.27	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,555	EMERGENCY	91.00	0	45.27
45.28	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	12,044	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	45.28
45.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.29
45.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.30
45.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.31
45.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.32
45.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.33
45.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.34
45.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.35
45.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.36
45.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.37

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.38
45.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.39
45.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.40
45.41	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.41
45.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.42
45.43	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.43
45.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.44
45.46	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.46
45.47	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.47
45.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.48
45.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.49
45.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.50
45.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.51
45.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.52
45.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.53
45.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.55
45.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.56
45.57	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.57
45.58	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.58
45.59	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.59
45.60	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.60
45.61	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.61
45.63	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.63
45.64	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.64
45.65	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.65
45.66	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.66
45.67	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.67
45.68	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.68
45.69	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.69
45.70	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.70
45.71	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.71
45.72	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.72
45.73	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.73
45.74	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.74
45.75	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.75

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.76	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.76
45.77	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.77
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,927,313				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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 11:08 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	339,155	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,232,004	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	10,838,708	0	3.00
3.01	0.00			0	0	3.01
4.00	5.00	OTHER ADMIN AND GENERAL	A&G	51,405,295	70,272,641	4.00
5.00	0		0	66,815,162	70,272,641	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	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	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
8/28/2020 11:08 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	339,155	9		1.00
2.00	4,232,004	9		2.00
3.00	10,838,708	0		3.00
3.01	0	0		3.01
4.00	-18,867,346	0		4.00
5.00	-3,457,479			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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0223

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

Worksheet A-8-2

Date/Time Prepared:
8/28/2020 11:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-OTHER ADMIN AND GENERAL	17,490,721	154,391	17,336,330	211,500	22,928	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	96,307	0	96,307	181,300	1	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	537	0	537	246,400	1	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	159,046	0	159,046	239,400	1	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	73,500	0	73,500	211,500	1	5.00
6.00	91.00	AGGREGATE-EMERGENCY	163,254	0	163,254	211,500	1	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			17,983,365	154,391	17,828,974		22,933	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-OTHER ADMIN AND GENERAL	2,331,381	116,569	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	87	4	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	119	6	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	115	6	0	0	0	4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	102	5	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	102	5	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,331,906	116,595	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-OTHER ADMIN AND GENERAL	0	2,331,381	15,004,949	15,159,340		1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	87	96,220	96,220		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	119	418	418		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	115	158,931	158,931		4.00
5.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	102	73,398	73,398		5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	102	163,152	163,152		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	2,331,906	15,497,068	15,651,459		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	23,401,296	23,401,296			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	16,712,870	16,712,870			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	62,903,770	121,850	87,024	63,112,644	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	3,428,626	495,601	353,951	354,540	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,423,441	147,612	105,423	1,296	5.05
5.06	00590	OTHER ADMIN AND GENERAL	102,814,763	2,771,926	1,979,670	5,104,521	5.06
6.00	00600	MAINTENANCE & REPAIRS	25,156,197	5,995,052	4,281,574	1,251,203	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,853,656	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,282,019	268,842	192,003	1,465,457	9.00
10.00	01000	DIETARY	4,149,376	217,127	155,069	557,057	10.00
11.00	01100	CAFETERIA	2,015,769	286,944	204,932	538,427	11.00
13.00	01300	NURSING ADMINISTRATION	5,439,602	155,479	111,041	1,173,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,358,743	200,376	143,106	455,133	14.00
15.00	01500	PHARMACY	14,385,822	131,100	93,629	2,348,035	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	650,324	103,224	73,721	0	16.00
17.00	01700	SOCIAL SERVICE	2,090,039	22,917	16,367	464,941	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,832,942	0	0	3,194,189	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,488,534	678,114	484,299	1,719,312	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	160,554	10,155	7,253	39,124	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	655,186	2,146	1,532	141,717	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	61,243,186	4,475,426	3,196,285	13,537,914	30.00
31.00	03100	INTENSIVE CARE UNIT	9,776,015	374,355	267,359	2,019,587	31.00
32.00	03200	CORONARY CARE UNIT	9,412,846	439,372	313,793	1,914,109	32.00
32.01	03201	NEONATAL CARE UNIT	10,464,890	303,028	216,418	2,225,817	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,044,062	451,085	322,159	1,356,137	40.00
41.00	04100	SUBPROVIDER - IRF	4,987,265	435,987	311,376	1,098,709	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,365,860	17,641	12,599	300,071	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,567,613	771,245	550,812	3,149,367	50.00
51.00	05100	RECOVERY ROOM	1,897,442	66,050	47,172	420,041	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,654,954	353,948	252,785	1,237,005	52.00
53.00	05300	ANESTHESIOLOGY	1,139,270	28,003	19,999	151,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,061,959	728,319	520,155	2,398,155	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,557,517	343,888	245,600	297,982	55.00
56.00	05600	RADIOISOTOPE	2,724,572	145,721	104,072	378,819	56.00
57.00	05700	CT SCAN	2,986,391	83,660	59,749	510,875	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,722,114	171,515	122,494	368,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,028,526	477,372	340,932	463,948	59.00
60.00	06000	LABORATORY	17,634,216	59,900	42,780	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,261,827	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	9,177,451	45,294	32,349	1,993,846	65.00
66.00	06600	PHYSICAL THERAPY	6,629,733	8,169	5,834	1,451,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,531,186	164,077	117,182	1,878,344	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,710,127	108,500	77,489	784,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,055,813	37,650	26,889	274,844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,078,855	4,800	3,428	107,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,007,386	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,519,745	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,204,247	53,114	37,933	182,083	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,365,988	226,361	161,664	739,764	75.00
76.00	03950	REHAB MEDICINE	838,751	63,841	45,595	184,168	76.00
76.20	03951	DAY HOSPITAL	975,891	66,289	47,343	221,643	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,043,730	168,352	120,235	640,249	76.45
76.97	07697	CARDIAC REHABILITATION	576,542	30,117	21,509	127,048	76.97
76.99	07699	LITHOTRIPER	849,170	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	481,871	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	204,834	8,248	5,891	45,431	90.01
90.02	09002	OUTPATIENT CENTER	2,045,904	134,596	96,127	442,200	90.02
90.03	09003	PAIN CLINIC	568,109	29,735	21,237	122,891	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.03	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	646,462	0	0	144,323	42	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	14,012,021	602,877	430,566	3,074,261	4,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	690,257,870	23,087,000	16,488,404	63,051,918	4,632,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	365,699	314,296	224,466	60,726	505	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	690,623,569	23,401,296	16,712,870	63,112,644	4,632,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,677,772					5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	112,883,133	112,883,133			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	36,733,758	7,177,299	43,911,057		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,666	557,567	0	0	8.00
9.00	00900	HOUSEKEEPING	0	10,244,022	2,001,549	851,174	0	9.00
10.00	01000	DIETARY	0	5,147,372	1,005,730	687,441	0	10.00
11.00	01100	CAFETERIA	0	3,112,650	608,171	908,486	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,880,478	1,344,356	492,258	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,209,252	1,017,820	634,406	0	14.00
15.00	01500	PHARMACY	0	16,965,253	3,314,790	415,071	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	827,285	161,641	326,814	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,594,520	506,935	72,558	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	20,027,131	3,913,041	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,374,067	2,808,506	2,146,956	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	217,543	42,505	32,153	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	800,581	156,423	6,793	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,506,115	85,990,045	16,801,496	14,169,516	0	30.00
31.00	03100	INTENSIVE CARE UNIT	685,248	13,128,195	2,565,079	1,185,234	0	31.00
32.00	03200	CORONARY CARE UNIT	500,467	12,583,170	2,458,588	1,391,083	0	32.00
32.01	03201	NEONATAL CARE UNIT	649,015	13,874,793	2,710,954	959,408	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	189,355	8,364,280	1,634,272	1,428,168	0	40.00
41.00	04100	SUBPROVIDER - IRF	277,358	7,112,832	1,389,755	1,380,366	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	140,802	1,837,085	358,943	55,853	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,215,166	22,277,106	4,352,657	2,441,818	0	50.00
51.00	05100	RECOVERY ROOM	176,554	2,607,481	509,468	209,120	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	252,750	7,753,313	1,514,897	1,120,626	0	52.00
53.00	05300	ANESTHESIOLOGY	584,701	1,923,398	375,807	88,660	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,445,250	16,156,390	3,156,749	2,305,910	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	485,992	6,931,082	1,354,243	1,088,775	0	55.00
56.00	05600	RADIOISOTOPE	297,232	3,650,529	713,266	461,363	0	56.00
57.00	05700	CT SCAN	1,351,866	4,992,682	975,505	264,872	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	639,226	3,024,553	590,958	543,029	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	549,073	3,860,368	754,266	1,511,393	0	59.00
60.00	06000	LABORATORY	1,437,175	19,174,071	3,746,364	189,647	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	381,557	2,643,384	516,483	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	610,817	11,861,447	2,317,573	143,405	0	65.00
66.00	06600	PHYSICAL THERAPY	326,972	8,422,559	1,645,659	25,863	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	388,401	11,080,490	2,164,984	519,480	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	445,819	5,126,675	1,001,686	343,519	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	149,214	2,544,467	497,156	119,203	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,289	58,241,340	11,379,601	15,196	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	831,234	38,441,669	7,511,002	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,111,439	37,631,184	7,352,644	0	0	73.00
74.00	07400	RENAL DIALYSIS	54,685	1,532,866	299,502	168,162	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	337,910	4,832,281	944,165	716,675	0	75.00
76.00	03950	REHAB MEDICINE	30,088	1,163,331	227,300	202,126	0	76.00
76.20	03951	DAY HOSPITAL	27,798	1,339,156	261,654	209,875	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	522,185	4,496,373	878,533	533,015	0	76.45
76.97	07697	CARDIAC REHABILITATION	34,983	790,280	154,410	95,352	0	76.97
76.99	07699	LITHOTRIPER	26,683	875,853	171,130	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	14,515	496,386	96,987	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	622	265,033	51,784	26,115	0	90.01
90.02	09002	OUTPATIENT CENTER	92,272	2,812,398	549,506	426,141	0	90.02
90.03	09003	PAIN CLINIC	42,238	784,393	153,260	94,144	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	17,243	808,070	157,886	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	1,231,463	19,356,168	3,781,944	1,908,752	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,677,772	689,657,877	112,694,449	42,915,974	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	965,692	188,684	995,083	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,677,772	690,623,569	112,883,133	43,911,057	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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From 01/01/2019
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,411,223					8.00
9.00	00900	HOUSEKEEPING	0	13,096,745				9.00
10.00	01000	DIETARY	0	209,086	7,049,629			10.00
11.00	01100	CAFETERIA	0	276,318	0	4,905,625		11.00
13.00	01300	NURSING ADMINISTRATION	0	149,721	0	106,956	8,973,769	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	192,956	0	41,468	73,389	14.00
15.00	01500	PHARMACY	0	126,245	0	213,936	24,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	99,401	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	22,069	0	42,362	6,534	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	291,032	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	653,001	0	156,652	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	9,779	0	3,565	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	2,066	0	12,912	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,237,639	4,309,684	5,171,136	1,233,573	3,907,918	30.00
31.00	03100	INTENSIVE CARE UNIT	175,216	360,491	404,921	184,010	485,192	31.00
32.00	03200	CORONARY CARE UNIT	193,800	423,101	447,868	174,400	461,812	32.00
32.01	03201	NEONATAL CARE UNIT	267,120	291,806	0	202,801	483,621	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	155,576	434,380	359,534	123,562	296,589	40.00
41.00	04100	SUBPROVIDER - IRF	252,151	419,841	582,717	100,107	298,497	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	129,721	16,988	0	27,340	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	742,684	0	286,948	659,145	50.00
51.00	05100	RECOVERY ROOM	0	63,604	0	38,271	96,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	340,840	83,453	112,707	313,663	52.00
53.00	05300	ANESTHESIOLOGY	0	26,966	0	13,774	43,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	701,347	0	218,503	122,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	331,153	0	27,150	322	55.00
56.00	05600	RADIOISOTOPE	0	140,324	0	34,515	0	56.00
57.00	05700	CT SCAN	0	80,561	0	46,547	672	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	165,163	0	33,613	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	459,693	0	42,272	97,715	59.00
60.00	06000	LABORATORY	0	57,682	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	43,617	0	181,665	4,968	65.00
66.00	06600	PHYSICAL THERAPY	0	7,866	0	132,276	1,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	158,001	0	171,141	28,153	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,482	0	71,440	177,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,256	0	25,042	2,426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,622	0	9,793	9,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	51,147	0	16,590	42,215	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	217,978	0	67,402	187,963	75.00
76.00	03950	REHAB MEDICINE	0	61,477	0	16,780	0	76.00
76.20	03951	DAY HOSPITAL	0	63,834	0	20,195	28,026	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	162,118	0	58,335	170,927	76.45
76.97	07697	CARDIAC REHABILITATION	0	29,002	0	11,576	32,415	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	7,943	0	4,139	7,379	90.01
90.02	09002	OUTPATIENT CENTER	0	129,611	0	40,290	94,790	90.02
90.03	09003	PAIN CLINIC	0	28,634	0	11,197	1,911	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	13,150	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	580,551	0	280,105	810,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,411,223	12,794,089	7,049,629	4,900,092	8,972,316	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	302,656	0	5,533	1,453	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,411,223	13,096,745	7,049,629	4,905,625	8,973,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,169,291					14.00
15.00	01500	PHARMACY	0	21,060,143				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,415,141			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,244,978		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	24,231,204	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	242,962	209,275	2,380,299	15,126,218	30.00
31.00	03100	INTENSIVE CARE UNIT	0	49,608	40,964	186,387	1,123,013	31.00
32.00	03200	CORONARY CARE UNIT	0	25,577	29,918	206,156	1,242,688	32.00
32.01	03201	NEONATAL CARE UNIT	0	41,385	38,798	0	1,712,927	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	349	11,320	165,495	294,957	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,554	16,581	268,227	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	8,417	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	107,827	72,643	0	2,533,729	50.00
51.00	05100	RECOVERY ROOM	0	6,844	10,554	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,121	15,109	38,414	0	52.00
53.00	05300	ANESTHESIOLOGY	0	252,837	34,954	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,182	86,397	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,715	29,053	0	0	55.00
56.00	05600	RADIOISOTOPE	0	556,717	17,769	0	0	56.00
57.00	05700	CT SCAN	0	200,694	80,815	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,513	38,213	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,117	32,824	0	0	59.00
60.00	06000	LABORATORY	0	0	85,915	0	472,657	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	22,810	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,256	36,515	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,546	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,519	23,219	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	96,811	26,651	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,920	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,320,027	1,063	36,842	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,849,264	0	49,691	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,692,320	186,002	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	121,772	3,269	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	29,536	20,200	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	1,799	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	1,662	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	52,276	31,216	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	2,091	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	1,595	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	868	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	37	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	39,016	5,516	0	230,888	90.02
90.03	09003	PAIN CLINIC	0	3,506	2,525	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	1,031	0	0	90.06

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	362,063	73,617	0	1,494,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,169,291	21,060,143	1,415,141	3,244,978	24,231,204	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,169,291	21,060,143	1,415,141	3,244,978	24,231,204	202.00

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Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,139,185					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		305,545				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			978,775			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,571,796	206,636	553,297	165,111,490	-27,698,014	30.00
31.00	03100	INTENSIVE CARE UNIT	933,365	16,047	189,101	21,026,823	-2,056,378	31.00
32.00	03200	CORONARY CARE UNIT	1,032,830	17,749	0	20,688,740	-2,275,518	32.00
32.01	03201	NEONATAL CARE UNIT	1,423,658	24,464	0	22,031,735	-3,136,585	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	245,146	14,249	0	13,527,877	-540,103	40.00
41.00	04100	SUBPROVIDER - IRF	0	23,093	0	11,847,721	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,434,347	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,105,848	0	0	35,580,405	-4,639,577	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,542,031	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,307	0	11,338,450	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,759,760	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,812,606	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,763,493	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,574,483	0	56.00
57.00	05700	CT SCAN	0	0	0	6,642,348	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,430,042	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,771,648	0	59.00
60.00	06000	LABORATORY	392,837	0	0	24,119,173	-865,494	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,182,677	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,592,446	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,255,156	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,158,987	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,948,730	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,233,470	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	74,018,457	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	48,851,626	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	141,826	64,003,976	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,235,523	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,016,200	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	1,672,813	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	1,924,402	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	6,382,793	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,115,126	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	1,048,578	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	594,241	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	362,430	0	90.01
90.02	09002	OUTPATIENT CENTER	191,897	0	0	4,520,053	-422,785	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,079,570	0	90.03

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	980,137	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	1,241,808	0	94,551	29,983,905	-2,735,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,139,185	305,545	978,775	688,164,468	-44,370,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,459,101	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,139,185	305,545	978,775	690,623,569	-44,370,389	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	137,413,476	30.00
31.00	03100 INTENSIVE CARE UNIT	18,970,445	31.00
32.00	03200 CORONARY CARE UNIT	18,413,222	32.00
32.01	03201 NEONATAL CARE UNIT	18,895,150	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	12,987,774	40.00
41.00	04100 SUBPROVIDER - IRF	11,847,721	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,434,347	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	30,940,828	50.00
51.00	05100 RECOVERY ROOM	3,542,031	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,338,450	52.00
53.00	05300 ANESTHESIOLOGY	2,759,760	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,812,606	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,763,493	55.00
56.00	05600 RADIOISOTOPE	5,574,483	56.00
57.00	05700 CT SCAN	6,642,348	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,430,042	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,771,648	59.00
60.00	06000 LABORATORY	23,253,679	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,182,677	62.00
65.00	06500 RESPIRATORY THERAPY	14,592,446	65.00
66.00	06600 PHYSICAL THERAPY	10,255,156	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,158,987	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,948,730	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,233,470	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	74,018,457	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	48,851,626	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,003,976	73.00
74.00	07400 RENAL DIALYSIS	2,235,523	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,016,200	75.00
76.00	03950 REHAB MEDICINE	1,672,813	76.00
76.20	03951 DAY HOSPITAL	1,924,402	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	6,382,793	76.45
76.97	07697 CARDIAC REHABILITATION	1,115,126	76.97
76.99	07699 LITHOTRIPER	1,048,578	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	594,241	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	362,430	90.01
90.02	09002 OUTPATIENT CENTER	4,097,268	90.02
90.03	09003 PAIN CLINIC	1,079,570	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	980,137	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
91.00	09100 EMERGENCY	27,247,970	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0
99.00	09900	CMHC	0
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	643,794,079
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,459,101
194.00	07950	OTHER NONREIMBURSABLE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	646,253,180

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	121,850	87,024	208,874	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	495,601	353,951	849,552	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	147,612	105,423	253,035	5.05
5.06	00590	OTHER ADMIN AND GENERAL	440,477	2,771,926	1,979,670	5,192,073	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5,995,052	4,281,574	10,276,626	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	268,842	192,003	460,845	9.00
10.00	01000	DIETARY	31,918	217,127	155,069	404,114	10.00
11.00	01100	CAFETERIA	0	286,944	204,932	491,876	11.00
13.00	01300	NURSING ADMINISTRATION	0	155,479	111,041	266,520	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	923,858	200,376	143,106	1,267,340	14.00
15.00	01500	PHARMACY	18,104	131,100	93,629	242,833	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	185,357	103,224	73,721	362,302	16.00
17.00	01700	SOCIAL SERVICE	0	22,917	16,367	39,284	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,571	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	678,114	484,299	1,162,413	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	10,155	7,253	17,408	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	2,146	1,532	3,678	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,475,426	3,196,285	7,671,711	30.00
31.00	03100	INTENSIVE CARE UNIT	0	374,355	267,359	641,714	31.00
32.00	03200	CORONARY CARE UNIT	0	439,372	313,793	753,165	32.00
32.01	03201	NEONATAL CARE UNIT	0	303,028	216,418	519,446	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	451,085	322,159	773,244	40.00
41.00	04100	SUBPROVIDER - IRF	41,900	435,987	311,376	789,263	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	17,641	12,599	30,240	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,200	771,245	550,812	1,324,257	50.00
51.00	05100	RECOVERY ROOM	0	66,050	47,172	113,222	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	353,948	252,785	606,733	52.00
53.00	05300	ANESTHESIOLOGY	0	28,003	19,999	48,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,836	728,319	520,155	1,250,310	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	343,888	245,600	589,488	55.00
56.00	05600	RADIOISOTOPE	0	145,721	104,072	249,793	56.00
57.00	05700	CT SCAN	0	83,660	59,749	143,409	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	171,515	122,494	294,009	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	477,372	340,932	818,304	59.00
60.00	06000	LABORATORY	0	59,900	42,780	102,680	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	157,399	45,294	32,349	235,042	65.00
66.00	06600	PHYSICAL THERAPY	0	8,169	5,834	14,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	164,077	117,182	281,259	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	108,500	77,489	185,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,875	37,650	26,889	168,414	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,800	3,428	8,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	53,114	37,933	91,047	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	226,361	161,664	388,025	75.00
76.00	03950	REHAB MEDICINE	0	63,841	45,595	109,436	76.00
76.20	03951	DAY HOSPITAL	0	66,289	47,343	113,632	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	700	168,352	120,235	289,287	76.45
76.97	07697	CARDIAC REHABILITATION	0	30,117	21,509	51,626	76.97
76.99	07699	LITHOTRIPER	125,365	0	0	125,365	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	8,248	5,891	14,139	90.01
90.02	09002	OUTPATIENT CENTER	0	134,596	96,127	230,723	90.02
90.03	09003	PAIN CLINIC	0	29,735	21,237	50,972	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
90.06	09005	ANTI-COAG LAB	0	0	0	0	478	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	602,877	430,566	1,033,443	10,174	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,032,989	23,087,000	16,488,404	41,608,393	208,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,785,875	314,296	224,466	4,324,637	201	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,818,864	23,401,296	16,712,870	45,933,030	208,874	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES	850,725					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	253,039				5.05
5.06	00590	OTHER ADMIN AND GENERAL	38,975	0	5,247,941			5.06
6.00	00600	MAINTENANCE & REPAIRS	9,132	0	333,689	10,623,588		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	25,923	0	0	8.00
9.00	00900	HOUSEKEEPING	6,556	0	93,057	205,928	0	9.00
10.00	01000	DIETARY	12,623	0	46,759	166,315	0	10.00
11.00	01100	CAFETERIA	12,225	0	28,275	219,794	0	11.00
13.00	01300	NURSING ADMINISTRATION	87	0	62,502	119,094	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,529	0	47,321	153,484	0	14.00
15.00	01500	PHARMACY	1,224	0	154,112	100,420	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	7,515	79,067	0	16.00
17.00	01700	SOCIAL SERVICE	47	0	23,569	17,554	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	181,926	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	699	0	130,574	519,422	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	84	0	1,976	7,779	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	7,272	1,643	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,714	38,023	780,880	3,428,092	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,034	7,304	119,257	286,749	0	31.00
32.00	03200	CORONARY CARE UNIT	474	5,335	114,306	336,551	0	32.00
32.01	03201	NEONATAL CARE UNIT	2,869	6,918	126,039	232,114	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	272	2,018	75,981	345,523	0	40.00
41.00	04100	SUBPROVIDER - IRF	392	2,956	64,613	333,958	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21	1,501	16,688	13,513	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,206	12,953	202,365	590,759	0	50.00
51.00	05100	RECOVERY ROOM	41	1,882	23,686	50,593	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344	2,694	70,431	271,118	0	52.00
53.00	05300	ANESTHESIOLOGY	46	6,233	17,472	21,450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	469	15,405	146,765	557,878	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19	5,180	62,962	263,412	0	55.00
56.00	05600	RADIOISOTOPE	21	3,168	33,161	111,620	0	56.00
57.00	05700	CT SCAN	26	14,410	45,354	64,082	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52	6,814	27,475	131,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	95	5,853	35,068	365,658	0	59.00
60.00	06000	LABORATORY	0	15,319	174,177	45,882	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,067	24,013	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	310	6,511	107,749	34,695	0	65.00
66.00	06600	PHYSICAL THERAPY	12	3,485	76,511	6,257	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	239	4,140	100,655	125,680	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	120	4,752	46,571	83,109	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	1,591	23,114	28,839	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	446,337	6,569	529,064	3,676	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	294,360	8,860	349,204	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,166	341,842	0	0	73.00
74.00	07400	RENAL DIALYSIS	148	583	13,925	40,684	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	109	3,602	43,896	173,388	0	75.00
76.00	03950	REHAB MEDICINE	163	321	10,568	48,901	0	76.00
76.20	03951	DAY HOSPITAL	35	296	12,165	50,776	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	298	5,566	40,845	128,955	0	76.45
76.97	07697	CARDIAC REHABILITATION	15	373	7,179	23,069	0	76.97
76.99	07699	LITHOTRIPER	0	284	7,956	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	155	4,509	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1	7	2,408	6,318	0	90.01
90.02	09002	OUTPATIENT CENTER	239	984	25,548	103,098	0	90.02
90.03	09003	PAIN CLINIC	34	450	7,125	22,777	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	8	184	7,341	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	915	13,127	175,831	461,792	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	850,632	253,039	5,239,169	10,382,843	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	0	8,772	240,745	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	850,725	253,039	5,247,941	10,623,588	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,923					8.00
9.00	00900	HOUSEKEEPING	0	771,236				9.00
10.00	01000	DIETARY	0	12,313	643,968			10.00
11.00	01100	CAFETERIA	0	16,272	0	770,224		11.00
13.00	01300	NURSING ADMINISTRATION	0	8,817	0	16,792	477,697	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,363	0	6,511	3,907	14.00
15.00	01500	PHARMACY	0	7,434	0	33,588	1,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,853	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,300	0	6,651	348	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	45,692	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,454	0	24,594	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	576	0	560	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	122	0	2,027	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,004	253,785	472,371	193,710	208,028	30.00
31.00	03100	INTENSIVE CARE UNIT	1,332	21,228	36,989	28,889	25,828	31.00
32.00	03200	CORONARY CARE UNIT	1,473	24,915	40,912	27,381	24,583	32.00
32.01	03201	NEONATAL CARE UNIT	2,030	17,184	0	31,840	25,744	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,182	25,580	32,843	19,399	15,788	40.00
41.00	04100	SUBPROVIDER - IRF	1,916	24,723	53,230	15,717	15,890	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	986	1,000	0	4,292	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	43,735	0	45,051	35,088	50.00
51.00	05100	RECOVERY ROOM	0	3,746	0	6,009	5,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,071	7,623	17,695	16,697	52.00
53.00	05300	ANESTHESIOLOGY	0	1,588	0	2,163	2,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,301	0	34,305	6,501	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,501	0	4,263	17	55.00
56.00	05600	RADIOISOTOPE	0	8,263	0	5,419	0	56.00
57.00	05700	CT SCAN	0	4,744	0	7,308	36	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,726	0	5,277	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,070	0	6,637	5,202	59.00
60.00	06000	LABORATORY	0	3,397	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,569	0	28,521	264	65.00
66.00	06600	PHYSICAL THERAPY	0	463	0	20,767	74	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,304	0	26,869	1,499	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,153	0	11,216	9,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,135	0	3,932	129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	272	0	1,538	531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,012	0	2,605	2,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,836	0	10,582	10,006	75.00
76.00	03950	REHAB MEDICINE	0	3,620	0	2,634	0	76.00
76.20	03951	DAY HOSPITAL	0	3,759	0	3,171	1,492	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	9,547	0	9,159	9,099	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,708	0	1,817	1,726	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	468	0	650	393	90.01
90.02	09002	OUTPATIENT CENTER	0	7,633	0	6,326	5,046	90.02
90.03	09003	PAIN CLINIC	0	1,686	0	1,758	102	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,064	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	34,187	0	43,976	43,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,923	753,413	643,968	769,355	477,620	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,823	0	869	77	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,923	771,236	643,968	770,224	477,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,500,961					14.00
15.00	01500	PHARMACY	0	548,705				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	454,740			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	90,292		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	238,189	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,330	66,825	66,233		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,293	13,178	5,186		31.00
32.00	03200	CORONARY CARE UNIT	0	666	9,624	5,736		32.00
32.01	03201	NEONATAL CARE UNIT	0	1,078	12,481	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	9	3,641	4,605		40.00
41.00	04100	SUBPROVIDER - IRF	0	93	5,334	7,463		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	2,708	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,809	23,369	0		50.00
51.00	05100	RECOVERY ROOM	0	178	3,395	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,097	4,861	1,069		52.00
53.00	05300	ANESTHESIOLOGY	0	6,588	11,244	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,698	27,793	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45	9,346	0		55.00
56.00	05600	RADIOISOTOPE	0	14,505	5,716	0		56.00
57.00	05700	CT SCAN	0	5,229	25,997	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	899	12,293	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	342	10,559	0		59.00
60.00	06000	LABORATORY	0	0	27,638	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,338	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	85	11,746	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,288	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	352	7,469	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,522	8,573	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,869	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	904,427	28	11,852	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	596,534	0	15,985	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	487,012	59,835	0		73.00
74.00	07400	RENAL DIALYSIS	0	3,173	1,052	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	770	6,498	0		75.00
76.00	03950	REHAB MEDICINE	0	0	579	0		76.00
76.20	03951	DAY HOSPITAL	0	0	535	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	1,362	10,042	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	0	673	0		76.97
76.99	07699	LITHOTRIPER	0	0	513	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	279	0		77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	0	12	0		90.01
90.02	09002	OUTPATIENT CENTER	0	1,017	1,774	0		90.02
90.03	09003	PAIN CLINIC	0	91	812	0		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	0	332	0		90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
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To 12/31/2019Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0		90.07
91.00	09100	EMERGENCY	0	9,434	23,682	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,500,961	548,705	454,740	90,292	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0		194.00
200.00		Cross Foot Adjustments					238,189	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,500,961	548,705	454,740	90,292	238,189	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
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Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,881,846					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		28,512				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			15,211			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				13,253,515	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,196,665	0	31.00
32.00	03200	CORONARY CARE UNIT				1,351,456	0	32.00
32.01	03201	NEONATAL CARE UNIT				985,109	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - IPF				1,304,573	0	40.00
41.00	04100	SUBPROVIDER - IRF				1,319,184	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				71,942	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,295,015	0	50.00
51.00	05100	RECOVERY ROOM				209,289	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,024,527	0	52.00
53.00	05300	ANESTHESIOLOGY				117,594	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,090,361	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				955,219	0	55.00
56.00	05600	RADIOISOTOPE				432,920	0	56.00
57.00	05700	CT SCAN				312,286	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				489,143	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,276,323	0	59.00
60.00	06000	LABORATORY				369,093	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				35,418	0	62.00
65.00	06500	RESPIRATORY THERAPY				434,090	0	65.00
66.00	06600	PHYSICAL THERAPY				132,665	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				563,682	0	67.00
68.00	06800	SPEECH PATHOLOGY				0	0	68.00
69.00	06900	ELECTROCARDIOLOGY				361,047	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				231,943	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,912,878	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				1,264,943	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				921,855	0	73.00
74.00	07400	RENAL DIALYSIS				159,079	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				652,160	0	75.00
76.00	03950	REHAB MEDICINE				176,831	0	76.00
76.20	03951	DAY HOSPITAL				186,595	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES				506,279	0	76.45
76.97	07697	CARDIAC REHABILITATION				88,606	0	76.97
76.99	07699	LITHOTRIPER				134,118	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				4,943	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0	0	90.00
90.01	09001	DIABETES CARE CENTER				24,546	0	90.01
90.02	09002	OUTPATIENT CENTER				383,851	0	90.02
90.03	09003	PAIN CLINIC				86,214	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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To 12/31/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.05	09004	WOUND CARE CENTER				0	0	90.05
90.06	09005	ANTI-COAG LAB				10,407	0	90.06
90.07	09006	HEART RISK ASSESSMENT				0	0	90.07
91.00	09100	EMERGENCY				1,849,691	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
99.00	09900	CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	39,176,055	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,593,217	0	190.00
194.00	07950	OTHER NONREIMBURSABLE				0	0	194.00
200.00		Cross Foot Adjustments	1,881,846	28,512	15,211	2,163,758	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,881,846	28,512	15,211	45,933,030	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	13,253,515	30.00
31.00	03100 INTENSIVE CARE UNIT	1,196,665	31.00
32.00	03200 CORONARY CARE UNIT	1,351,456	32.00
32.01	03201 NEONATAL CARE UNIT	985,109	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	1,304,573	40.00
41.00	04100 SUBPROVIDER - IRF	1,319,184	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	71,942	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,295,015	50.00
51.00	05100 RECOVERY ROOM	209,289	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,024,527	52.00
53.00	05300 ANESTHESIOLOGY	117,594	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,090,361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	955,219	55.00
56.00	05600 RADIOISOTOPE	432,920	56.00
57.00	05700 CT SCAN	312,286	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	489,143	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,276,323	59.00
60.00	06000 LABORATORY	369,093	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,418	62.00
65.00	06500 RESPIRATORY THERAPY	434,090	65.00
66.00	06600 PHYSICAL THERAPY	132,665	66.00
67.00	06700 OCCUPATIONAL THERAPY	563,682	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	361,047	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	231,943	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,912,878	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,264,943	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	921,855	73.00
74.00	07400 RENAL DIALYSIS	159,079	74.00
75.00	07500 ASC (NON-DISTINCT PART)	652,160	75.00
76.00	03950 REHAB MEDICINE	176,831	76.00
76.20	03951 DAY HOSPITAL	186,595	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	506,279	76.45
76.97	07697 CARDIAC REHABILITATION	88,606	76.97
76.99	07699 LITHOTRIPER	134,118	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,943	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	24,546	90.01
90.02	09002 OUTPATIENT CENTER	383,851	90.02
90.03	09003 PAIN CLINIC	86,214	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	10,407	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
91.00	09100 EMERGENCY	1,849,691	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0
99.00	09900	CMHC	0
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,176,055
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,593,217
194.00	07950	OTHER NONREIMBURSABLE	0
200.00		Cross Foot Adjustments	2,163,758
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	45,933,030

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.03	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,472,447				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,472,447			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,667	7,667	263,054,430		4.00
5.03	00560	PURCHASING RECEIVING AND STORES	31,184	31,184	1,477,730	104,060,226	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	5,401	0	5.05
5.06	00590	OTHER ADMIN AND GENERAL	174,414	174,414	21,275,753	4,767,577	5.06
6.00	00600	MAINTENANCE & REPAIRS	377,218	377,218	5,215,042	1,117,068	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,916	16,916	6,108,054	801,911	9.00
10.00	01000	DIETARY	13,662	13,662	2,321,825	1,544,091	10.00
11.00	01100	CAFETERIA	18,055	18,055	2,244,175	1,495,458	11.00
13.00	01300	NURSING ADMINISTRATION	9,783	9,783	4,892,761	10,673	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,897,002	1,165,641	14.00
15.00	01500	PHARMACY	8,249	8,249	9,786,659	149,742	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	0	351	16.00
17.00	01700	SOCIAL SERVICE	1,442	1,442	1,937,885	5,757	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,313,446	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	42,668	7,166,129	85,533	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	163,068	10,270	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	135	590,678	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	281,601	281,601	56,425,922	698,978	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	23,555	8,417,680	126,480	31.00
32.00	03200	CORONARY CARE UNIT	27,646	27,646	7,978,049	58,017	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	19,067	9,277,252	350,975	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	28,383	28,383	5,652,407	33,292	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	27,433	4,579,442	47,998	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	1,110	1,250,702	2,517	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,528	48,528	13,126,627	514,441	50.00
51.00	05100	RECOVERY ROOM	4,156	4,156	1,750,739	4,993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	5,155,865	42,029	52.00
53.00	05300	ANESTHESIOLOGY	1,762	1,762	630,103	5,591	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	45,827	9,995,560	57,326	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	21,638	1,241,994	2,304	55.00
56.00	05600	RADIOISOTOPE	9,169	9,169	1,578,926	2,549	56.00
57.00	05700	CT SCAN	5,264	5,264	2,129,338	3,172	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,537,670	6,356	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	30,037	1,933,745	11,603	59.00
60.00	06000	LABORATORY	3,769	3,769	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	2,850	8,310,391	37,961	65.00
66.00	06600	PHYSICAL THERAPY	514	514	6,051,073	1,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,324	10,324	7,828,978	29,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,827	6,827	3,268,088	14,694	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,145,557	1,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	447,999	54,594,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	36,007,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	3,342	758,924	18,061	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	14,243	3,083,353	13,340	75.00
76.00	03950	REHAB MEDICINE	4,017	4,017	767,617	19,935	76.00
76.20	03951	DAY HOSPITAL	4,171	4,171	923,812	4,320	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	10,593	2,668,570	36,430	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	1,895	529,538	1,826	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	519	189,358	165	90.01
90.02	09002	OUTPATIENT CENTER	8,469	8,469	1,843,100	29,188	90.02
90.03	09003	PAIN CLINIC	1,871	1,871	512,212	4,102	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.03	5.05	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	601,540	949	1,894,815	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	37,934	37,934	12,813,585	111,867	135,325,566	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,452,671	1,452,671	262,801,324	104,048,875	2,602,010,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	19,776	253,106	11,351	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
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)	23,401,296	16,712,870	63,112,644	4,632,718	23,677,772	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.892793	11.350405	0.239922	0.044520	0.009100	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			208,874	850,725	253,039	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000794	0.008175	0.000097	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	-112,883,133	577,740,436			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	36,733,758	872,676		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	872,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,656	0	167,956	8.00
9.00	00900	HOUSEKEEPING	0	10,244,022	16,916	16,916	9.00
10.00	01000	DIETARY	0	5,147,372	13,662	13,662	10.00
11.00	01100	CAFETERIA	0	3,112,650	18,055	18,055	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,880,478	9,783	9,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,209,252	12,608	12,608	14.00
15.00	01500	PHARMACY	0	16,965,253	8,249	8,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	827,285	6,495	6,495	16.00
17.00	01700	SOCIAL SERVICE	0	2,594,520	1,442	1,442	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	20,027,131	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,374,067	42,668	42,668	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	217,543	639	639	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	800,581	135	135	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	85,990,045	281,601	281,601	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,128,195	23,555	23,555	31.00
32.00	03200	CORONARY CARE UNIT	0	12,583,170	27,646	27,646	32.00
32.01	03201	NEONATAL CARE UNIT	0	13,874,793	19,067	19,067	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	8,364,280	28,383	28,383	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,112,832	27,433	27,433	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,837,085	1,110	1,110	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,277,106	48,528	48,528	50.00
51.00	05100	RECOVERY ROOM	0	2,607,481	4,156	4,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,753,313	22,271	22,271	52.00
53.00	05300	ANESTHESIOLOGY	0	1,923,398	1,762	1,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,156,390	45,827	45,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,931,082	21,638	21,638	55.00
56.00	05600	RADIOISOTOPE	0	3,650,529	9,169	9,169	56.00
57.00	05700	CT SCAN	0	4,992,682	5,264	5,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,024,553	10,792	10,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,860,368	30,037	30,037	59.00
60.00	06000	LABORATORY	0	19,174,071	3,769	3,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,643,384	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	11,861,447	2,850	2,850	65.00
66.00	06600	PHYSICAL THERAPY	0	8,422,559	514	514	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,080,490	10,324	10,324	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,126,675	6,827	6,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,544,467	2,369	2,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,241,340	302	302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,441,669	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,631,184	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,532,866	3,342	3,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,832,281	14,243	14,243	75.00
76.00	03950	REHAB MEDICINE	0	1,163,331	4,017	4,017	76.00
76.20	03951	DAY HOSPITAL	0	1,339,156	4,171	4,171	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	4,496,373	10,593	10,593	76.45
76.97	07697	CARDIAC REHABILITATION	0	790,280	1,895	1,895	76.97
76.99	07699	LITHOTRIPER	0	875,853	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	496,386	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	265,033	519	519	90.01
90.02	09002	OUTPATIENT CENTER	0	2,812,398	8,469	8,469	90.02
90.03	09003	PAIN CLINIC	0	784,393	1,871	1,871	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	808,070	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	19,356,168	37,934	37,934	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-112,883,133	576,774,744	852,900	852,900	167,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	965,692	19,776	19,776	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
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)		112,883,133	43,911,057	0	3,411,223	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.195387	50.317709	0.000000	20.310218	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,247,941	10,623,588	0	25,923	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.009084	12.173576	0.000000	0.154344	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	855,760					9.00
10.00	01000	DIETARY	13,662	150,195				10.00
11.00	01100	CAFETERIA	18,055	0	224,406,450			11.00
13.00	01300	NURSING ADMINISTRATION	9,783	0	4,892,761	3,953,813		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	0	1,897,002	32,335	90,601,413	14.00
15.00	01500	PHARMACY	8,249	0	9,786,659	10,948	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	0	1,937,885	2,879	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,313,446	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	0	7,166,129	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	0	163,068	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	590,678	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,601	110,173	56,425,922	1,721,815	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	8,627	8,417,680	213,774	0	31.00
32.00	03200	CORONARY CARE UNIT	27,646	9,542	7,978,049	203,473	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	0	9,277,252	213,082	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	28,383	7,660	5,652,407	130,676	0	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	12,415	4,579,442	131,517	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	0	1,250,702	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,528	0	13,126,627	290,417	0	50.00
51.00	05100	RECOVERY ROOM	4,156	0	1,750,739	42,601	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	1,778	5,155,865	138,199	0	52.00
53.00	05300	ANESTHESIOLOGY	1,762	0	630,103	19,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	0	9,995,560	53,809	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	0	1,241,994	142	0	55.00
56.00	05600	RADIOISOTOPE	9,169	0	1,578,926	0	0	56.00
57.00	05700	CT SCAN	5,264	0	2,129,338	296	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	0	1,537,670	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	0	1,933,745	43,053	0	59.00
60.00	06000	LABORATORY	3,769	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	8,310,391	2,189	0	65.00
66.00	06600	PHYSICAL THERAPY	514	0	6,051,073	611	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,324	0	7,828,978	12,404	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,827	0	3,268,088	78,191	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	0	1,145,557	1,069	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	0	447,999	4,394	54,594,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	36,007,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	0	758,924	18,600	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	0	3,083,353	82,816	0	75.00
76.00	03950	REHAB MEDICINE	4,017	0	767,617	0	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	923,812	12,348	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	0	2,668,570	75,310	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	529,538	14,282	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	189,358	3,251	0	90.01
90.02	09002	OUTPATIENT CENTER	8,469	0	1,843,100	41,764	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	512,212	842	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	601,540	0	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	37,934	0	12,813,585	356,980	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,984	150,195	224,153,344	3,953,173	90,601,413	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	0	253,106	640	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,096,745	7,049,629	4,905,625	8,973,769	7,169,291	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.304227	46.936509	0.021860	2.269649	0.079130	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	771,236	643,968	770,224	477,697	1,500,961	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.901229	4.287546	0.003432	0.120819	0.016567	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS	
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)
			15.00	16.00	17.00	21.00	22.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	38,126,987				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,602,010,249			16.00
17.00	01700	SOCIAL SERVICE	0	0	150,195		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	20,045	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6	0	0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	439,856	385,344,809	110,173	12,513	12,513
31.00	03100	INTENSIVE CARE UNIT	89,809	75,301,991	8,627	929	929
32.00	03200	CORONARY CARE UNIT	46,305	54,996,379	9,542	1,028	1,028
32.01	03201	NEONATAL CARE UNIT	74,922	71,320,300	0	1,417	1,417
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	631	20,808,225	7,660	244	244
41.00	04100	SUBPROVIDER - IRF	6,434	30,478,952	12,415	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	15,472,735	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	195,209	133,534,758	0	2,096	2,096
51.00	05100	RECOVERY ROOM	12,391	19,401,510	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,256	27,774,683	1,778	0	0
53.00	05300	ANESTHESIOLOGY	457,733	64,252,880	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,005	158,818,709	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,104	53,405,762	0	0	0
56.00	05600	RADIOISOTOPE	1,007,874	32,662,879	0	0	0
57.00	05700	CT SCAN	363,334	148,556,667	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,481	70,244,576	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	23,747	60,337,746	0	0	0
60.00	06000	LABORATORY	0	157,931,291	0	391	391
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	41,929,320	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,894	67,122,770	0	0	0
66.00	06600	PHYSICAL THERAPY	0	35,930,957	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	24,475	42,681,426	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	175,266	48,991,048	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,397,110	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,924	67,724,018	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	91,344,388	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,840,309	341,916,346	0	0	0
74.00	07400	RENAL DIALYSIS	220,455	6,009,355	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	53,472	37,132,951	0	0	0
76.00	03950	REHAB MEDICINE	0	3,306,350	0	0	0
76.20	03951	DAY HOSPITAL	0	3,054,755	0	0	0
76.45	03340	GASTRO INTESTINAL SERVICES	94,640	57,382,991	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	3,844,310	0	0	0
76.99	07699	LITHOTRIPER	0	2,932,215	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,595,019	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	68,405	0	0	0
90.02	09002	OUTPATIENT CENTER	70,634	10,139,775	0	191	191
90.03	09003	PAIN CLINIC	6,347	4,641,507	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	1,894,815	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	655,474	135,325,566	0	1,236	1,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,126,987	2,602,010,249	150,195	20,045	20,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
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)	21,060,143	1,415,141	3,244,978	24,231,204	20,139,185	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.552368	0.000544	21.605100	1,208.840309	1,004.698678	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	548,705	454,740	90,292	238,189	1,881,846	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014392	0.000175	0.601165	11.882714	93.881068	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	164, 261	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	4, 472	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	111, 087	30.00
31.00	03100	INTENSIVE CARE UNIT	8, 627	31.00
32.00	03200	CORONARY CARE UNIT	9, 542	32.00
32.01	03201	NEONATAL CARE UNIT	13, 152	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	7, 660	40.00
41.00	04100	SUBPROVIDER - IRF	12, 415	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1, 778	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	REHAB MEDICINE	0	76.00
76.20	03951	DAY HOSPITAL	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.99	07699	LITHOTRIPER	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CARE CENTER	0	90.01
90.02	09002	OUTPATIENT CENTER	0	90.02
90.03	09003	PAIN CLINIC	0	90.03
90.05	09004	WOUND CARE CENTER	0	90.05
90.06	09005	ANTI-COAG LAB	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	0	432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	164,261	4,472	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
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)	305,545	978,775	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.860119	218.867397	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,512	15,211	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.173577	3.401386	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 11:08 am

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,413,476		137,413,476	0	137,413,476	30.00
31.00	03100	INTENSIVE CARE UNIT	18,970,445		18,970,445	0	18,970,445	31.00
32.00	03200	CORONARY CARE UNIT	18,413,222		18,413,222	0	18,413,222	32.00
32.01	03201	NEONATAL CARE UNIT	18,895,150		18,895,150	0	18,895,150	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	12,987,774		12,987,774	96,220	13,083,994	40.00
41.00	04100	SUBPROVIDER - IRF	11,847,721		11,847,721	0	11,847,721	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,434,347		2,434,347	0	2,434,347	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,940,828		30,940,828	418	30,941,246	50.00
51.00	05100	RECOVERY ROOM	3,542,031		3,542,031	0	3,542,031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,338,450		11,338,450	0	11,338,450	52.00
53.00	05300	ANESTHESIOLOGY	2,759,760		2,759,760	158,931	2,918,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,812,606		22,812,606	0	22,812,606	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,763,493		9,763,493	0	9,763,493	55.00
56.00	05600	RADIOISOTOPE	5,574,483		5,574,483	0	5,574,483	56.00
57.00	05700	CT SCAN	6,642,348		6,642,348	0	6,642,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,430,042		4,430,042	0	4,430,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,771,648		6,771,648	0	6,771,648	59.00
60.00	06000	LABORATORY	23,253,679		23,253,679	0	23,253,679	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,182,677		3,182,677	0	3,182,677	62.00
65.00	06500	RESPIRATORY THERAPY	14,592,446	0	14,592,446	0	14,592,446	65.00
66.00	06600	PHYSICAL THERAPY	10,255,156	0	10,255,156	0	10,255,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,158,987	0	14,158,987	0	14,158,987	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,948,730		6,948,730	73,398	7,022,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,233,470		3,233,470	0	3,233,470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,018,457		74,018,457	0	74,018,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,851,626		48,851,626	0	48,851,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,003,976		64,003,976	0	64,003,976	73.00
74.00	07400	RENAL DIALYSIS	2,235,523		2,235,523	0	2,235,523	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,016,200		7,016,200	0	7,016,200	75.00
76.00	03950	REHAB MEDICINE	1,672,813		1,672,813	0	1,672,813	76.00
76.20	03951	DAY HOSPITAL	1,924,402		1,924,402	0	1,924,402	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	6,382,793		6,382,793	0	6,382,793	76.45
76.97	07697	CARDIAC REHABILITATION	1,115,126		1,115,126	0	1,115,126	76.97
76.99	07699	LITHOTRIPER	1,048,578		1,048,578	0	1,048,578	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	594,241		594,241	0	594,241	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	362,430		362,430	0	362,430	90.01
90.02	09002	OUTPATIENT CENTER	4,097,268		4,097,268	0	4,097,268	90.02
90.03	09003	PAIN CLINIC	1,079,570		1,079,570	0	1,079,570	90.03
90.05	09004	WOUND CARE CENTER	0		0	0	0	90.05
90.06	09005	ANTI-COAG LAB	980,137		980,137	0	980,137	90.06
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0	90.07
91.00	09100	EMERGENCY	27,247,970		27,247,970	163,152	27,411,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,233,572		16,233,572	0	16,233,572	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	660,027,651	0	660,027,651	492,119	660,519,770	200.00
201.00		Less Observation Beds	16,233,572		16,233,572	0	16,233,572	201.00
202.00		Total (see instructions)	643,794,079	0	643,794,079	492,119	644,286,198	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 11:08 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	336,172,529		336,172,529		30.00
31.00	03100	INTENSIVE CARE UNIT	75,301,991		75,301,991		31.00
32.00	03200	CORONARY CARE UNIT	54,996,379		54,996,379		32.00
32.01	03201	NEONATAL CARE UNIT	71,320,300		71,320,300		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	20,808,225		20,808,225		40.00
41.00	04100	SUBPROVIDER - IRF	30,478,952		30,478,952		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	15,472,735		15,472,735		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,438,452	56,096,306	133,534,758	0.231706	50.00
51.00	05100	RECOVERY ROOM	8,765,695	10,635,815	19,401,510	0.182565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,750,696	2,023,987	27,774,683	0.408230	52.00
53.00	05300	ANESTHESIOLOGY	27,839,878	36,413,002	64,252,880	0.042952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,929,418	100,889,292	158,818,710	0.143639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,517,960	50,887,802	53,405,762	0.182817	55.00
56.00	05600	RADIOISOTOPE	11,035,828	21,627,051	32,662,879	0.170667	56.00
57.00	05700	CT SCAN	54,349,251	94,207,416	148,556,667	0.044713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,070,181	52,174,395	70,244,576	0.063066	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,761,684	32,576,062	60,337,746	0.112229	59.00
60.00	06000	LABORATORY	104,844,392	53,086,899	157,931,291	0.147239	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,938,946	8,990,374	41,929,320	0.075906	62.00
65.00	06500	RESPIRATORY THERAPY	60,594,909	6,527,861	67,122,770	0.217399	65.00
66.00	06600	PHYSICAL THERAPY	33,997,279	1,933,678	35,930,957	0.285413	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,968,200	39,713,226	42,681,426	0.331737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,645,133	25,345,915	48,991,048	0.141837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,847,700	9,549,410	16,397,110	0.197198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,203,964	19,520,054	67,724,018	1.092942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	64,516,867	26,827,521	91,344,388	0.534807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	239,062,819	102,853,528	341,916,347	0.187192	73.00
74.00	07400	RENAL DIALYSIS	6,009,355	0	6,009,355	0.372007	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,177,952	33,954,999	37,132,951	0.188948	75.00
76.00	03950	REHAB MEDICINE	1,075,816	2,230,534	3,306,350	0.505939	76.00
76.20	03951	DAY HOSPITAL	6,385	3,048,370	3,054,755	0.629969	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	8,518,062	48,864,929	57,382,991	0.111231	76.45
76.97	07697	CARDIAC REHABILITATION	322,400	3,521,910	3,844,310	0.290072	76.97
76.99	07699	LITHOTRIPER	51,875	2,880,340	2,932,215	0.357606	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	996,734	598,285	1,595,019	0.372560	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	68,405	68,405	5.298297	90.01
90.02	09002	OUTPATIENT CENTER	82,631	10,057,144	10,139,775	0.404079	90.02
90.03	09003	PAIN CLINIC	3,200	4,638,307	4,641,507	0.232590	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	4,402	1,890,413	1,894,815	0.517273	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	48,590,742	86,734,824	135,325,566	0.201351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,999,965	35,172,315	49,172,280	0.330137	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,616,469,882	985,540,369	2,602,010,251		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,616,469,882	985,540,369	2,602,010,251		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 11:08 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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231709		50.00
51.00	05100	RECOVERY ROOM	0.182565		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408230		52.00
53.00	05300	ANESTHESIOLOGY	0.045425		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143639		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182817		55.00
56.00	05600	RADIOISOTOPE	0.170667		56.00
57.00	05700	CT SCAN	0.044713		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063066		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112229		59.00
60.00	06000	LABORATORY	0.147239		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.075906		62.00
65.00	06500	RESPIRATORY THERAPY	0.217399		65.00
66.00	06600	PHYSICAL THERAPY	0.285413		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331737		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.143335		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197198		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.092942		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.534807		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187192		73.00
74.00	07400	RENAL DIALYSIS	0.372007		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188948		75.00
76.00	03950	REHAB MEDICINE	0.505939		76.00
76.20	03951	DAY HOSPITAL	0.629969		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.111231		76.45
76.97	07697	CARDIAC REHABILITATION	0.290072		76.97
76.99	07699	LITHOTRIPER	0.357606		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.372560		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	5.298297		90.01
90.02	09002	OUTPATIENT CENTER	0.404079		90.02
90.03	09003	PAIN CLINIC	0.232590		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.517273		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.202557		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.330137		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,413,476		137,413,476	0	137,413,476
31.00	03100	INTENSIVE CARE UNIT	18,970,445		18,970,445	0	18,970,445
32.00	03200	CORONARY CARE UNIT	18,413,222		18,413,222	0	18,413,222
32.01	03201	NEONATAL CARE UNIT	18,895,150		18,895,150	0	18,895,150
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	12,987,774		12,987,774	96,220	13,083,994
41.00	04100	SUBPROVIDER - IRF	11,847,721		11,847,721	0	11,847,721
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,434,347		2,434,347	0	2,434,347
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,940,828		30,940,828	418	30,941,246
51.00	05100	RECOVERY ROOM	3,542,031		3,542,031	0	3,542,031
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,338,450		11,338,450	0	11,338,450
53.00	05300	ANESTHESIOLOGY	2,759,760		2,759,760	158,931	2,918,691
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,812,606		22,812,606	0	22,812,606
55.00	05500	RADIOLOGY-THERAPEUTIC	9,763,493		9,763,493	0	9,763,493
56.00	05600	RADIOISOTOPE	5,574,483		5,574,483	0	5,574,483
57.00	05700	CT SCAN	6,642,348		6,642,348	0	6,642,348
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,430,042		4,430,042	0	4,430,042
59.00	05900	CARDIAC CATHETERIZATION	6,771,648		6,771,648	0	6,771,648
60.00	06000	LABORATORY	23,253,679		23,253,679	0	23,253,679
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,182,677		3,182,677	0	3,182,677
65.00	06500	RESPIRATORY THERAPY	14,592,446	0	14,592,446	0	14,592,446
66.00	06600	PHYSICAL THERAPY	10,255,156	0	10,255,156	0	10,255,156
67.00	06700	OCCUPATIONAL THERAPY	14,158,987	0	14,158,987	0	14,158,987
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,948,730		6,948,730	73,398	7,022,128
70.00	07000	ELECTROENCEPHALOGRAPHY	3,233,470		3,233,470	0	3,233,470
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,018,457		74,018,457	0	74,018,457
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	48,851,626		48,851,626	0	48,851,626
73.00	07300	DRUGS CHARGED TO PATIENTS	64,003,976		64,003,976	0	64,003,976
74.00	07400	RENAL DIALYSIS	2,235,523		2,235,523	0	2,235,523
75.00	07500	ASC (NON-DISTINCT PART)	7,016,200		7,016,200	0	7,016,200
76.00	03950	REHAB MEDICINE	1,672,813		1,672,813	0	1,672,813
76.20	03951	DAY HOSPITAL	1,924,402		1,924,402	0	1,924,402
76.45	03340	GASTRO INTESTINAL SERVICES	6,382,793		6,382,793	0	6,382,793
76.97	07697	CARDIAC REHABILITATION	1,115,126		1,115,126	0	1,115,126
76.99	07699	LITHOTRIPER	1,048,578		1,048,578	0	1,048,578
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	594,241		594,241	0	594,241
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	DIABETES CARE CENTER	362,430		362,430	0	362,430
90.02	09002	OUTPATIENT CENTER	4,097,268		4,097,268	0	4,097,268
90.03	09003	PAIN CLINIC	1,079,570		1,079,570	0	1,079,570
90.05	09004	WOUND CARE CENTER	0		0	0	0
90.06	09005	ANTI-COAG LAB	980,137		980,137	0	980,137
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0
91.00	09100	EMERGENCY	27,247,970		27,247,970	163,152	27,411,122
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,233,572		16,233,572	0	16,233,572
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
99.00	09900	CMHC	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	660,027,651	0	660,027,651	492,119	660,519,770
201.00		Less Observation Beds	16,233,572		16,233,572	0	16,233,572
202.00		Total (see instructions)	643,794,079	0	643,794,079	492,119	644,286,198

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	336,172,529		336,172,529		30.00
31.00	03100	INTENSIVE CARE UNIT	75,301,991		75,301,991		31.00
32.00	03200	CORONARY CARE UNIT	54,996,379		54,996,379		32.00
32.01	03201	NEONATAL CARE UNIT	71,320,300		71,320,300		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	20,808,225		20,808,225		40.00
41.00	04100	SUBPROVIDER - IRF	30,478,952		30,478,952		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	15,472,735		15,472,735		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,438,452	56,096,306	133,534,758	0.231706	50.00
51.00	05100	RECOVERY ROOM	8,765,695	10,635,815	19,401,510	0.182565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,750,696	2,023,987	27,774,683	0.408230	52.00
53.00	05300	ANESTHESIOLOGY	27,839,878	36,413,002	64,252,880	0.042952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,929,418	100,889,292	158,818,710	0.143639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,517,960	50,887,802	53,405,762	0.182817	55.00
56.00	05600	RADIOISOTOPE	11,035,828	21,627,051	32,662,879	0.170667	56.00
57.00	05700	CT SCAN	54,349,251	94,207,416	148,556,667	0.044713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,070,181	52,174,395	70,244,576	0.063066	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,761,684	32,576,062	60,337,746	0.112229	59.00
60.00	06000	LABORATORY	104,844,392	53,086,899	157,931,291	0.147239	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,938,946	8,990,374	41,929,320	0.075906	62.00
65.00	06500	RESPIRATORY THERAPY	60,594,909	6,527,861	67,122,770	0.217399	65.00
66.00	06600	PHYSICAL THERAPY	33,997,279	1,933,678	35,930,957	0.285413	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,968,200	39,713,226	42,681,426	0.331737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,645,133	25,345,915	48,991,048	0.141837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,847,700	9,549,410	16,397,110	0.197198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,203,964	19,520,054	67,724,018	1.092942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	64,516,867	26,827,521	91,344,388	0.534807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	239,062,819	102,853,528	341,916,347	0.187192	73.00
74.00	07400	RENAL DIALYSIS	6,009,355	0	6,009,355	0.372007	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,177,952	33,954,999	37,132,951	0.188948	75.00
76.00	03950	REHAB MEDICINE	1,075,816	2,230,534	3,306,350	0.505939	76.00
76.20	03951	DAY HOSPITAL	6,385	3,048,370	3,054,755	0.629969	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	8,518,062	48,864,929	57,382,991	0.111231	76.45
76.97	07697	CARDIAC REHABILITATION	322,400	3,521,910	3,844,310	0.290072	76.97
76.99	07699	LITHOTRIPER	51,875	2,880,340	2,932,215	0.357606	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	996,734	598,285	1,595,019	0.372560	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	68,405	68,405	5.298297	90.01
90.02	09002	OUTPATIENT CENTER	82,631	10,057,144	10,139,775	0.404079	90.02
90.03	09003	PAIN CLINIC	3,200	4,638,307	4,641,507	0.232590	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	4,402	1,890,413	1,894,815	0.517273	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	48,590,742	86,734,824	135,325,566	0.201351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,999,965	35,172,315	49,172,280	0.330137	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,616,469,882	985,540,369	2,602,010,251		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,616,469,882	985,540,369	2,602,010,251		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	REHAB MEDICINE	0.000000			76.00
76.20	03951	DAY HOSPITAL	0.000000			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000			76.45
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.99	07699	LITHOTRIPER	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	0.000000			90.01
90.02	09002	OUTPATIENT CENTER	0.000000			90.02
90.03	09003	PAIN CLINIC	0.000000			90.03
90.05	09004	WOUND CARE CENTER	0.000000			90.05
90.06	09005	ANTI-COAG LAB	0.000000			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/28/2020 11:08 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,253,515	0	13,253,515	124,932	106.09	30.00	
31.00	INTENSIVE CARE UNIT	1,196,665		1,196,665	8,627	138.71	31.00	
32.00	CORONARY CARE UNIT	1,351,456		1,351,456	9,542	141.63	32.00	
32.01	NEONATAL CARE UNIT	985,109		985,109	13,152	74.90	32.01	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	1,304,573	0	1,304,573	7,660	170.31	40.00	
41.00	SUBPROVIDER - IRF	1,319,184	0	1,319,184	12,415	106.26	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	71,942		71,942	6,387	11.26	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	19,482,444		19,482,444	182,715		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	37,703	3,999,911					30.00
31.00	INTENSIVE CARE UNIT	2,300	319,033					31.00
32.00	CORONARY CARE UNIT	4,136	585,782					32.00
32.01	NEONATAL CARE UNIT	0	0					32.01
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,495	254,613					40.00
41.00	SUBPROVIDER - IRF	6,228	661,787					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	51,862	5,821,126					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Capital Related Cost (from Wkst. C, 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,295,015	133,534,758	0.017187	27,208,324	467,629	50.00
51.00	05100 RECOVERY ROOM	209,289	19,401,510	0.010787	3,290,859	35,498	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,024,527	27,774,683	0.036887	25,972	958	52.00
53.00	05300 ANESTHESIOLOGY	117,594	64,252,880	0.001830	7,434,795	13,606	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,090,361	158,818,710	0.013162	19,914,505	262,115	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	955,219	53,405,762	0.017886	1,016,801	18,187	55.00
56.00	05600 RADIOISOTOPE	432,920	32,662,879	0.013254	4,295,580	56,934	56.00
57.00	05700 CT SCAN	312,286	148,556,667	0.002102	21,456,847	45,102	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	489,143	70,244,576	0.006963	5,728,329	39,886	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,276,323	60,337,746	0.021153	10,322,175	218,345	59.00
60.00	06000 LABORATORY	369,093	157,931,291	0.002337	31,923,146	74,604	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,418	41,929,320	0.000845	9,090,782	7,682	62.00
65.00	06500 RESPIRATORY THERAPY	434,090	67,122,770	0.006467	15,259,865	98,686	65.00
66.00	06600 PHYSICAL THERAPY	132,665	35,930,957	0.003692	8,327,008	30,743	66.00
67.00	06700 OCCUPATIONAL THERAPY	563,682	42,681,426	0.013207	24,153	319	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	361,047	48,991,048	0.007370	8,865,449	65,338	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	231,943	16,397,110	0.014145	1,678,942	23,749	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,912,878	67,724,018	0.028245	17,254,672	487,358	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,264,943	91,344,388	0.013848	27,549,914	381,511	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	921,855	341,916,347	0.002696	71,764,147	193,476	73.00
74.00	07400 RENAL DIALYSIS	159,079	6,009,355	0.026472	2,330,838	61,702	74.00
75.00	07500 ASC (NON-DISTINCT PART)	652,160	37,132,951	0.017563	447,712	7,863	75.00
76.00	03950 REHAB MEDICINE	176,831	3,306,350	0.053482	103,559	5,539	76.00
76.20	03951 DAY HOSPITAL	186,595	3,054,755	0.061083	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	506,279	57,382,991	0.008823	3,220,282	28,413	76.45
76.97	07697 CARDIAC REHABILITATION	88,606	3,844,310	0.023049	114,390	2,637	76.97
76.99	07699 LITHOTRIPER	134,118	2,932,215	0.045739	36,123	1,652	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,943	1,595,019	0.003099	462,949	1,435	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	24,546	68,405	0.358833	0	0	90.01
90.02	09002 OUTPATIENT CENTER	383,851	10,139,775	0.037856	57,595	2,180	90.02
90.03	09003 PAIN CLINIC	86,214	4,641,507	0.018575	1,654	31	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	10,407	1,894,815	0.005492	2,505	14	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,849,691	135,325,566	0.013668	17,535,662	239,677	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,565,728	49,172,280	0.031842	5,018,840	159,810	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	21,259,339	1,997,459,140		321,764,374	3,032,679	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part III
Date/Time Prepared:
8/28/2020 11:08 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	759,933	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	205,148	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	17,749	0	32.00	
32.01	03201	NEONATAL CARE UNIT	0	0	0	24,464	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	14,249	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	23,093	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,044,636	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	759,933	124,932	6.08	37,703	30.00	
31.00	03100	INTENSIVE CARE UNIT		205,148	8,627	23.78	2,300	31.00	
32.00	03200	CORONARY CARE UNIT		17,749	9,542	1.86	4,136	32.00	
32.01	03201	NEONATAL CARE UNIT		24,464	13,152	1.86	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	14,249	7,660	1.86	1,495	40.00	
41.00	04100	SUBPROVIDER - IRF	0	23,093	12,415	1.86	6,228	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	6,387	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,044,636	182,715		51,862	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	229,234						30.00
31.00	03100	INTENSIVE CARE UNIT	54,694						31.00
32.00	03200	CORONARY CARE UNIT	7,693						32.00
32.01	03201	NEONATAL CARE UNIT	0						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	2,781						40.00
41.00	04100	SUBPROVIDER - IRF	11,584						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	305,986						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,307	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	141,826	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	94,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	89,772	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	329,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	133,534,758	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	19,401,510	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,307	3,307	27,774,683	0.000119	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	64,252,880	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	158,818,710	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	53,405,762	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	32,662,879	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	148,556,667	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	70,244,576	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	60,337,746	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	157,931,291	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	41,929,320	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	67,122,770	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	35,930,957	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	42,681,426	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	48,991,048	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	16,397,110	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	67,724,018	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	91,344,388	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	141,826	141,826	341,916,347	0.000415	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,009,355	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	37,132,951	0.000000	75.00
76.00	03950 REHAB MEDICINE	0	0	0	3,306,350	0.000000	76.00
76.20	03951 DAY HOSPITAL	0	0	0	3,054,755	0.000000	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0	0	0	57,382,991	0.000000	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	3,844,310	0.000000	76.97
76.99	07699 LITHOTRIPER	0	0	0	2,932,215	0.000000	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,595,019	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	68,405	0.000000	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	10,139,775	0.000000	90.02
90.03	09003 PAIN CLINIC	0	0	0	4,641,507	0.000000	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	1,894,815	0.000000	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100 EMERGENCY	0	94,551	94,551	135,325,566	0.000699	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	89,772	89,772	49,172,280	0.001826	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	329,456	329,456	1,997,459,140		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/28/2020 11:08 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	27,208,324	0	11,295,674	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	3,290,859	0	2,178,790	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000119	25,972	3	15,492	2	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	7,434,795	0	6,813,655	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	19,914,505	0	18,769,569	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,016,801	0	16,913,323	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	4,295,580	0	7,832,772	0	56.00	
57.00	05700	CT SCAN	0.000000	21,456,847	0	30,870,576	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,728,329	0	11,857,824	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	10,322,175	0	12,364,889	0	59.00	
60.00	06000	LABORATORY	0.000000	31,923,146	0	10,583,491	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	9,090,782	0	3,049,845	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	15,259,865	0	1,706,974	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	8,327,008	0	76,620	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	24,153	0	2,890,936	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,865,449	0	6,875,143	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,678,942	0	2,457,666	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	17,254,672	0	5,017,576	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	27,549,914	0	9,152,540	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000415	71,764,147	29,782	28,851,063	11,973	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,330,838	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	447,712	0	3,351,889	0	75.00	
76.00	03950	REHAB MEDICINE	0.000000	103,559	0	328,470	0	76.00	
76.20	03951	DAY HOSPITAL	0.000000	0	0	455,677	0	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	3,220,282	0	12,246,034	0	76.45	
76.97	07697	CARDIAC REHABILITATION	0.000000	114,390	0	1,357,846	0	76.97	
76.99	07699	LITHOTRIPER	0.000000	36,123	0	1,861,131	0	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	462,949	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	1,421	0	90.01	
90.02	09002	OUTPATIENT CENTER	0.000000	57,595	0	6,444,046	0	90.02	
90.03	09003	PAIN CLINIC	0.000000	1,654	0	1,645,964	0	90.03	
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	ANTI-COAG LAB	0.000000	2,505	0	1,114,613	0	90.06	
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0.000699	17,535,662	12,257	15,219,617	10,639	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001826	5,018,840	9,164	8,902,225	16,255	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)		321,764,374	51,206	242,503,351	38,869	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/28/2020 11:08 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	0.231706	11,295,674	0	0	2,617,275	50.00	
51.00	05100	RECOVERY ROOM	0.182565	2,178,790	0	0	397,771	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408230	15,492	0	0	6,324	52.00	
53.00	05300	ANESTHESIOLOGY	0.042952	6,813,655	0	0	292,660	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143639	18,769,569	0	0	2,696,042	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182817	16,913,323	0	0	3,092,043	55.00	
56.00	05600	RADIOISOTOPE	0.170667	7,832,772	0	0	1,336,796	56.00	
57.00	05700	CT SCAN	0.044713	30,870,576	0	0	1,380,316	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063066	11,857,824	0	0	747,826	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.112229	12,364,889	0	0	1,387,699	59.00	
60.00	06000	LABORATORY	0.147239	10,583,491	0	0	1,558,303	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.075906	3,049,845	0	0	231,502	62.00	
65.00	06500	RESPIRATORY THERAPY	0.217399	1,706,974	0	0	371,094	65.00	
66.00	06600	PHYSICAL THERAPY	0.285413	76,620	0	0	21,868	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.331737	2,890,936	0	0	959,030	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.141837	6,875,143	0	0	975,150	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197198	2,457,666	0	0	484,647	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.092942	5,017,576	0	0	5,483,920	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.534807	9,152,540	0	0	4,894,842	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187192	28,851,063	0	105,437	5,400,688	73.00	
74.00	07400	RENAL DIALYSIS	0.372007	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.188948	3,351,889	0	0	633,333	75.00	
76.00	03950	REHAB MEDICINE	0.505939	328,470	0	0	166,186	76.00	
76.20	03951	DAY HOSPITAL	0.629969	455,677	0	0	287,062	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0.111231	12,246,034	0	0	1,362,139	76.45	
76.97	07697	CARDIAC REHABILITATION	0.290072	1,357,846	0	0	393,873	76.97	
76.99	07699	LITHOTRIPER	0.357606	1,861,131	0	0	665,552	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.372560	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	5.298297	1,421	0	0	7,529	90.01	
90.02	09002	OUTPATIENT CENTER	0.404079	6,444,046	0	0	2,603,904	90.02	
90.03	09003	PAIN CLINIC	0.232590	1,645,964	0	0	382,835	90.03	
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	ANTI-COAG LAB	0.517273	1,114,613	0	0	576,559	90.06	
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0.201351	15,219,617	0	660	3,064,485	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.330137	8,902,225	0	0	2,938,954	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		242,503,351	0	106,097	47,418,207	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00	
202.00		Net Charges (line 200 - line 201)		242,503,351	0	106,097	47,418,207	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,737					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	REHAB MEDICINE	0	0					76.00
76.20	03951	DAY HOSPITAL	0	0					76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0					76.45
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.99	07699	LITHOTRIPER	0	0					76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	DIABETES CARE CENTER	0	0					90.01
90.02	09002	OUTPATIENT CENTER	0	0					90.02
90.03	09003	PAIN CLINIC	0	0					90.03
90.05	09004	WOUND CARE CENTER	0	0					90.05
90.06	09005	ANTI-COAG LAB	0	0					90.06
90.07	09006	HEART RISK ASSESSMENT	0	0					90.07
91.00	09100	EMERGENCY	0	133					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	19,870					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	19,870					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/28/2020 11:08 am
				Component CCN: 14-S223		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,295,015	133,534,758	0.017187	0	0 50.00
51.00	05100 RECOVERY ROOM	209,289	19,401,510	0.010787	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,024,527	27,774,683	0.036887	0	0 52.00
53.00	05300 ANESTHESIOLOGY	117,594	64,252,880	0.001830	1,200	2 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,090,361	158,818,710	0.013162	5,015	66 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	955,219	53,405,762	0.017886	0	0 55.00
56.00	05600 RADIOISOTOPE	432,920	32,662,879	0.013254	3,720	49 56.00
57.00	05700 CT SCAN	312,286	148,556,667	0.002102	33,995	71 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	489,143	70,244,576	0.006963	2,845	20 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,276,323	60,337,746	0.021153	0	0 59.00
60.00	06000 LABORATORY	369,093	157,931,291	0.002337	264,281	618 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,418	41,929,320	0.000845	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	434,090	67,122,770	0.006467	36,395	235 65.00
66.00	06600 PHYSICAL THERAPY	132,665	35,930,957	0.003692	30,470	112 66.00
67.00	06700 OCCUPATIONAL THERAPY	563,682	42,681,426	0.013207	106,890	1,412 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	361,047	48,991,048	0.007370	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	231,943	16,397,110	0.014145	8,020	113 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,912,878	67,724,018	0.028245	1,851	52 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,264,943	91,344,388	0.013848	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	921,855	341,916,347	0.002696	524,758	1,415 73.00
74.00	07400 RENAL DIALYSIS	159,079	6,009,355	0.026472	22,890	606 74.00
75.00	07500 ASC (NON-DISTINCT PART)	652,160	37,132,951	0.017563	0	0 75.00
76.00	03950 REHAB MEDICINE	176,831	3,306,350	0.053482	4,558	244 76.00
76.20	03951 DAY HOSPITAL	186,595	3,054,755	0.061083	4,283	262 76.20
76.45	03340 GASTRO INTESTINAL SERVICES	506,279	57,382,991	0.008823	4,805	42 76.45
76.97	07697 CARDIAC REHABILITATION	88,606	3,844,310	0.023049	0	0 76.97
76.99	07699 LITHOTRIPER	134,118	2,932,215	0.045739	0	0 76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,943	1,595,019	0.003099	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000	0	0 90.00
90.01	09001 DIABETES CARE CENTER	24,546	68,405	0.358833	0	0 90.01
90.02	09002 OUTPATIENT CENTER	383,851	10,139,775	0.037856	0	0 90.02
90.03	09003 PAIN CLINIC	86,214	4,641,507	0.018575	0	0 90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0 90.05
90.06	09005 ANTI-COAG LAB	10,407	1,894,815	0.005492	0	0 90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0 90.07
91.00	09100 EMERGENCY	1,849,691	135,325,566	0.013668	196,000	2,679 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	49,172,280	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	19,693,611	1,997,459,140		1,251,976	7,998 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:

From 01/01/2019

To 12/31/2019

Worksheet D

Part IV

Date/Time Prepared:

8/28/2020 11:08 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,307	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	141,826	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	94,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	239,684	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	239,684	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	133,534,758	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	19,401,510	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	3,307	3,307	27,774,683	0.000119	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	64,252,880	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	158,818,710	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	53,405,762	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	32,662,879	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	148,556,667	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	70,244,576	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	60,337,746	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	157,931,291	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	41,929,320	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	67,122,770	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	35,930,957	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	42,681,426	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	48,991,048	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	16,397,110	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	67,724,018	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	91,344,388	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	141,826	141,826	341,916,347	0.000415	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,009,355	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	37,132,951	0.000000	75.00
76.00	03950	REHAB MEDICINE		0	0	0	3,306,350	0.000000	76.00
76.20	03951	DAY HOSPITAL		0	0	0	3,054,755	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	57,382,991	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,844,310	0.000000	76.97
76.99	07699	LITHOTRIPER		0	0	0	2,932,215	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	1,595,019	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	68,405	0.000000	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	10,139,775	0.000000	90.02
90.03	09003	PAIN CLINIC		0	0	0	4,641,507	0.000000	90.03
90.05	09004	WOUND CARE CENTER		0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB		0	0	0	1,894,815	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	94,551	94,551	135,325,566	0.000699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	49,172,280	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	239,684	239,684	1,997,459,140		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000119	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,200	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	5,015	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	3,720	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	33,995	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	2,845	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	264,281	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	36,395	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	30,470	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	106,890	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	8,020	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,851	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000415	524,758	218	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	22,890	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0.000000	4,558	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0.000000	4,283	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0.000000	4,805	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.99	07699	LITHOTRIPER		0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0.000000	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0.000000	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000699	196,000	137	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,251,976	355	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:

Worksheet D

Component CCN: 14-T223

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/28/2020 11:08 am

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	2,295,015	133,534,758	0.017187	0	0	50.00
51.00	05100 RECOVERY ROOM	209,289	19,401,510	0.010787	1,300	14	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,024,527	27,774,683	0.036887	0	0	52.00
53.00	05300 ANESTHESIOLOGY	117,594	64,252,880	0.001830	2,210	4	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,090,361	158,818,710	0.013162	214,182	2,819	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	955,219	53,405,762	0.017886	76,470	1,368	55.00
56.00	05600 RADIOISOTOPE	432,920	32,662,879	0.013254	75,972	1,007	56.00
57.00	05700 CT SCAN	312,286	148,556,667	0.002102	250,915	527	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	489,143	70,244,576	0.006963	40,790	284	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,276,323	60,337,746	0.021153	0	0	59.00
60.00	06000 LABORATORY	369,093	157,931,291	0.002337	597,610	1,397	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,418	41,929,320	0.000845	65,821	56	62.00
65.00	06500 RESPIRATORY THERAPY	434,090	67,122,770	0.006467	612,775	3,963	65.00
66.00	06600 PHYSICAL THERAPY	132,665	35,930,957	0.003692	8,164,938	30,145	66.00
67.00	06700 OCCUPATIONAL THERAPY	563,682	42,681,426	0.013207	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	361,047	48,991,048	0.007370	48,775	359	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	231,943	16,397,110	0.014145	13,965	198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,912,878	67,724,018	0.028245	231,259	6,532	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,264,943	91,344,388	0.013848	11,680	162	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	921,855	341,916,347	0.002696	2,839,942	7,656	73.00
74.00	07400 RENAL DIALYSIS	159,079	6,009,355	0.026472	165,135	4,371	74.00
75.00	07500 ASC (NON-DISTINCT PART)	652,160	37,132,951	0.017563	0	0	75.00
76.00	03950 REHAB MEDICINE	176,831	3,306,350	0.053482	318,631	17,041	76.00
76.20	03951 DAY HOSPITAL	186,595	3,054,755	0.061083	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	506,279	57,382,991	0.008823	3,685	33	76.45
76.97	07697 CARDIAC REHABILITATION	88,606	3,844,310	0.023049	0	0	76.97
76.99	07699 LITHOTRIPER	134,118	2,932,215	0.045739	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,943	1,595,019	0.003099	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	24,546	68,405	0.358833	0	0	90.01
90.02	09002 OUTPATIENT CENTER	383,851	10,139,775	0.037856	0	0	90.02
90.03	09003 PAIN CLINIC	86,214	4,641,507	0.018575	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	10,407	1,894,815	0.005492	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,849,691	135,325,566	0.013668	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	49,172,280	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,693,611	1,997,459,140		13,736,055	77,936	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	3,307	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	141,826	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.99	07699	LITHOTRIPER		0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER		0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0	90.07
91.00	09100	EMERGENCY		0	0	0	0	94,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	239,684	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	239,684	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	133,534,758	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	19,401,510	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	3,307	3,307	27,774,683	0.000119	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	64,252,880	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	158,818,710	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	53,405,762	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	32,662,879	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	148,556,667	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	70,244,576	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	60,337,746	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	157,931,291	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	41,929,320	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	67,122,770	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	35,930,957	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	42,681,426	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	48,991,048	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	16,397,110	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	67,724,018	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	91,344,388	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	141,826	141,826	341,916,347	0.000415	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,009,355	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	37,132,951	0.000000	75.00
76.00	03950	REHAB MEDICINE		0	0	0	3,306,350	0.000000	76.00
76.20	03951	DAY HOSPITAL		0	0	0	3,054,755	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	57,382,991	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,844,310	0.000000	76.97
76.99	07699	LITHOTRIPER		0	0	0	2,932,215	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	1,595,019	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	68,405	0.000000	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	10,139,775	0.000000	90.02
90.03	09003	PAIN CLINIC		0	0	0	4,641,507	0.000000	90.03
90.05	09004	WOUND CARE CENTER		0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB		0	0	0	1,894,815	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	94,551	94,551	135,325,566	0.000699	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	49,172,280	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)		0	239,684	239,684	1,997,459,140		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/28/2020 11:08 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	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,300	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000119	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,210	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	214,182	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	76,470	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	75,972	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	250,915	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	40,790	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	597,610	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	65,821	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	612,775	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,164,938	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	48,775	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	13,965	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	231,259	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	11,680	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000415	2,839,942	1,179	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	165,135	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.000000	318,631	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.000000	0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	3,685	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0.000000	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.000000	0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000699	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			13,736,055	1,179	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 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)		124,932	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		124,932	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)		110,173	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		37,703	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)		137,413,476	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)		137,413,476	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)		137,413,476	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)		1,099.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,469,907	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)		41,469,907	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0223

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

Worksheet D-1

Date/Time Prepared:
8/28/2020 11:08 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,970,445	8,627	2,198.96	2,300	5,057,608
44.00	CORONARY CARE UNIT	18,413,222	9,542	1,929.70	4,136	7,981,239
44.01	NEONATAL CARE UNIT	18,895,150	13,152	1,436.68	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					80,047,063
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					134,555,817
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,196,347
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,083,885
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,280,232
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					126,275,585
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)					14,759
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,099.91
89.00	Observation bed cost (line 87 x line 88) (see instructions)					16,233,572

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0223

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

Worksheet D-1

Date/Time Prepared:
8/28/2020 11:08 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	13,253,515	137,413,476	0.096450	16,233,572	1,565,728	90.00
91.00 Nursing School cost	0	137,413,476	0.000000	16,233,572	0	91.00
92.00 Allied health cost	759,933	137,413,476	0.005530	16,233,572	89,772	92.00
93.00 All other Medical Education	0	137,413,476	0.000000	16,233,572	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,660	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,660	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)		7,660	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,495	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)		13,083,994	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)		13,083,994	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)		13,083,994	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)		1,708.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,553,595	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,553,595	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					249,678	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,803,273	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)					257,394	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,353	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					265,747	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,537,526	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: 14-0223 Component CCN: 14-S223		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,304,573	13,083,994	0.099708	0	0	90.00
91.00	Nursing School cost	0	13,083,994	0.000000	0	0	91.00
92.00	Allied health cost	14,249	13,083,994	0.001089	0	0	92.00
93.00	All other Medical Education	0	13,083,994	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 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)		12,415	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,415	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)		12,415	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,228	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,847,721	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,847,721	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)		11,847,721	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)		954.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,943,443	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)		5,943,443	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,651,830	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,595,273	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)					673,371	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,115	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					752,486	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,842,787	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: 14-0223 Component CCN: 14-T223		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/28/2020 11:08 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	1,319,184	11,847,721	0.111345	0	0	90.00
91.00	Nursing School cost	0	11,847,721	0.000000	0	0	91.00
92.00	Allied health cost	23,093	11,847,721	0.001949	0	0	92.00
93.00	All other Medical Education	0	11,847,721	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 11:08 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		112,190,449	30.00
31.00	03100	INTENSIVE CARE UNIT		15,233,145	31.00
32.00	03200	CORONARY CARE UNIT		23,323,731	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231709	27,208,324	50.00
51.00	05100	RECOVERY ROOM	0.182565	3,290,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408230	25,972	52.00
53.00	05300	ANESTHESIOLOGY	0.045425	7,434,795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143639	19,914,505	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182817	1,016,801	55.00
56.00	05600	RADIOISOTOPE	0.170667	4,295,580	56.00
57.00	05700	CT SCAN	0.044713	21,456,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063066	5,728,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112229	10,322,175	59.00
60.00	06000	LABORATORY	0.147239	31,923,146	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.075906	9,090,782	62.00
65.00	06500	RESPIRATORY THERAPY	0.217399	15,259,865	65.00
66.00	06600	PHYSICAL THERAPY	0.285413	8,327,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331737	24,153	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143335	8,865,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197198	1,678,942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.092942	17,254,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.534807	27,549,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187192	71,764,147	73.00
74.00	07400	RENAL DIALYSIS	0.372007	2,330,838	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188948	447,712	75.00
76.00	03950	REHAB MEDICINE	0.505939	103,559	76.00
76.20	03951	DAY HOSPITAL	0.629969	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.111231	3,220,282	76.45
76.97	07697	CARDIAC REHABILITATION	0.290072	114,390	76.97
76.99	07699	LITHOTRIPER	0.357606	36,123	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.372560	462,949	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	5.298297	0	90.01
90.02	09002	OUTPATIENT CENTER	0.404079	57,595	90.02
90.03	09003	PAIN CLINIC	0.232590	1,654	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.517273	2,505	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.202557	17,535,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.330137	5,018,840	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		321,764,374	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)		321,764,374	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3
			Component CCN: 14-S223	Date/Time Prepared: 8/28/2020 11:08 am	
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,029,683	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231709	0	50.00
51.00	05100	RECOVERY ROOM	0.182565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408230	0	52.00
53.00	05300	ANESTHESIOLOGY	0.045425	1,200	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143639	5,015	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182817	0	55.00
56.00	05600	RADIOISOTOPE	0.170667	3,720	56.00
57.00	05700	CT SCAN	0.044713	33,995	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063066	2,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112229	0	59.00
60.00	06000	LABORATORY	0.147239	264,281	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.075906	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.217399	36,395	65.00
66.00	06600	PHYSICAL THERAPY	0.285413	30,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331737	106,890	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143335	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197198	8,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.092942	1,851	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.534807	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187192	524,758	73.00
74.00	07400	RENAL DIALYSIS	0.372007	22,890	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188948	0	75.00
76.00	03950	REHAB MEDICINE	0.505939	4,558	76.00
76.20	03951	DAY HOSPITAL	0.629969	4,283	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.111231	4,805	76.45
76.97	07697	CARDIAC REHABILITATION	0.290072	0	76.97
76.99	07699	LITHOTRIPER	0.357606	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.372560	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	5.298297	0	90.01
90.02	09002	OUTPATIENT CENTER	0.404079	0	90.02
90.03	09003	PAIN CLINIC	0.232590	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.517273	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.202557	196,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.330137	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,251,976	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)		1,251,976	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/28/2020 11:08 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
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		15,290,485		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.231709	0	0	50.00
51.00	05100 RECOVERY ROOM	0.182565	1,300	237	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.408230	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.045425	2,210	100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143639	214,182	30,765	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.182817	76,470	13,980	55.00
56.00	05600 RADIOISOTOPE	0.170667	75,972	12,966	56.00
57.00	05700 CT SCAN	0.044713	250,915	11,219	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063066	40,790	2,572	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112229	0	0	59.00
60.00	06000 LABORATORY	0.147239	597,610	87,991	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.075906	65,821	4,996	62.00
65.00	06500 RESPIRATORY THERAPY	0.217399	612,775	133,217	65.00
66.00	06600 PHYSICAL THERAPY	0.285413	8,164,938	2,330,379	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.331737	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143335	48,775	6,991	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.197198	13,965	2,754	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.092942	231,259	252,753	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.534807	11,680	6,247	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.187192	2,839,942	531,614	73.00
74.00	07400 RENAL DIALYSIS	0.372007	165,135	61,431	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.188948	0	0	75.00
76.00	03950 REHAB MEDICINE	0.505939	318,631	161,208	76.00
76.20	03951 DAY HOSPITAL	0.629969	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.111231	3,685	410	76.45
76.97	07697 CARDIAC REHABILITATION	0.290072	0	0	76.97
76.99	07699 LITHOTRIPER	0.357606	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.372560	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	5.298297	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.404079	0	0	90.02
90.03	09003 PAIN CLINIC	0.232590	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.517273	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.202557	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.330137	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		13,736,055	3,651,830	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)		13,736,055		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 11:08 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)			70,675,434	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			23,421,508	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			3,998,076	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,105,445	2.04
3.00	Managed Care Simulated Payments			31,709,092	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			508.63	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)			245.19	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)			3.55	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).			1.59	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)			7.41	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)			250.64	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			210.31	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)			210.31	12.00
13.00	Total allowable FTE count for the prior year.			209.37	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.			208.29	14.00
15.00	Sum of lines 12 through 14 divided by 3.			209.32	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			209.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.411537	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.411670	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.411537	21.00
22.00	IME payment adjustment (see instructions)			19,030,260	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			6,412,878	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)			-40.33	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)			19,030,260	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			6,412,878	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.93	31.00
32.00	Sum of lines 30 and 31			23.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.46	33.00
34.00	Disproportionate share adjustment (see instructions)			1,990,151	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000696197	0.000570841
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,759,547	4,766,861
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,307,824	1,198,227
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,506,051	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		125,726,925	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		132,139,803	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,243,714	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).		7,142,688	52.00
53.00	Nursing and Allied Health Managed Care payment		165,058	53.00
54.00	Special add-on payments for new technologies		166,730	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).		291,621	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		51,206	58.00
59.00	Total (sum of amounts on lines 49 through 58)		149,200,820	59.00
60.00	Primary payer payments		109,863	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		149,090,957	61.00
62.00	Deductibles billed to program beneficiaries		7,821,840	62.00
63.00	Coinurance billed to program beneficiaries		843,286	63.00
64.00	Allowable bad debts (see instructions)		1,384,325	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		899,811	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		967,115	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		141,325,642	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)		-324,788	70.93
70.94	HRR adjustment amount (see instructions)		-268,569	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/28/2020 11:08 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)		348,251	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		140,384,034	71.00
71.01	Sequestration adjustment (see instructions)		2,807,681	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		136,750,458	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		825,895	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,501,024	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)	0.9971605171	0.9947214312	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9973	0.9967	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 11:08 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	70,675,434	0	70,675,434		70,675,434
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	23,421,508	0		94,096,942	94,096,942
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,998,076	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,105,445	0		5,103,521	5,103,521
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	31,709,092	0	22,720,273	8,988,819	31,709,092
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.411537	0.411537	0.411537	0.411537	
6.00	IME payment adjustment (see instructions)	22.00	19,030,260	0	14,293,470	4,736,790	19,030,260
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,412,878	0	4,594,970	1,817,908	6,412,878
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,030,260	0	14,293,470	4,736,790	19,030,260
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	6,412,878	0	4,594,970	1,817,908	6,412,878
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0846	0.0846	0.0846	0.0846	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,990,151	0	1,494,786	495,365	1,990,151
11.01	Uncompensated care payments	36.00	5,506,051	0	4,307,824	1,198,227	5,506,051
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	125,726,925	0	90,771,514	34,955,411	125,726,925
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	132,139,803	0	95,366,484	36,773,319	132,139,803
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,243,714	0	6,913,789	2,329,925	9,243,714

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/28/2020 11:08 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	166,730	0	0	166,730	166,730	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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	102,280,273	39,269,974	141,550,247	19.00
		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	7,617,698	0	5,697,619	1,920,079	7,617,698	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	388,902	0	290,877	98,025	388,902	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1624	0.1624	0.1624	0.1624		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,237,114	0	925,293	311,821	1,237,114	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,243,714	0	6,913,789	2,329,925	9,243,714	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 11:08 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	70,675,434	70,675,434		70,675,434	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	23,421,508		23,421,508	23,421,508	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	3,998,076	3,998,076		3,998,076	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,105,445		1,105,445	1,105,445	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,709,092	22,720,273	8,988,819	31,709,092	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.411537	0.411537	0.411537		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,030,260	14,293,471	4,736,789	19,030,260	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	6,412,878	4,594,970	1,817,908	6,412,878	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	19,030,260	14,293,471	4,736,789	19,030,260	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	6,412,878	4,594,970	1,817,908	6,412,878	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0846	0.0846	0.0846		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,990,151	1,494,786	495,365	1,990,151	11.00
11.01	Uncompensated care payments	36.00	5,506,051	4,307,824	1,198,227	5,506,051	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	125,726,925	94,769,591	30,957,334	125,726,925	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	132,139,803	99,364,561	32,775,242	132,139,803	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,243,714	6,992,951	2,250,763	9,243,714	16.00
17.00	Special add-on payments for new technologies	54.00	166,730	166,730	0	166,730	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			106,524,242	35,026,005	141,550,247	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/28/2020 11:08 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	7,617,698	5,749,766	1,867,932	7,617,698	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	388,902	309,423	79,479	388,902	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	0.1624	0.1624	0.1624		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,237,114	933,762	303,352	1,237,114	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,243,714	6,992,951	2,250,763	9,243,714	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	-324,788	-201,155	-123,633	-324,788	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	-268,569	-191,278	-77,291	-268,569	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	348,251	348,251	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,870	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		47,379,338	2.00
3.00	OPPS payments		44,957,611	3.00
4.00	Outlier payment (see instructions)		106,956	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		38,898,436	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		38,869	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,870	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		106,097	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)		106,097	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)		106,097	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		86,227	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		19,870	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)		45,103,436	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)		8,195,013	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		36,928,293	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,307,087	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		39,235,380	30.00
31.00	Primary payer payments		7,434	31.00
32.00	Subtotal (line 30 minus line 31)		39,227,946	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,146,749	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		745,387	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		830,082	36.00
37.00	Subtotal (see instructions)		39,973,333	37.00
38.00	MSP-LCC reconciliation amount from PS&R		28	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)		39,973,305	40.00
40.01	Sequestration adjustment (see instructions)		799,466	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		38,957,908	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		215,931	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/28/2020 11:08 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		137,129,100		38,975,597	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	04/08/2019	5,543	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	04/08/2019	45,371		0	3.50
3.51		08/12/2019	333,271	08/12/2019	23,232	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)		-378,642		-17,689	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)		136,750,458		38,957,908	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		825,895		215,931	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		137,576,353		39,173,839	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: 14-0223

Period:

Worksheet E-1

Component CCN: 14-S223

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:08 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,354,484		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,354,484		0	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		84,676		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,439,160		0	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: 14-0223

Period:

Worksheet E-1

Component CCN: 14-T223

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
8/28/2020 11:08 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				0	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		9,722,592		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/12/2019	20,567		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)		-20,567		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)		9,702,025		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		16,493		0	6.02
7.00	Total Medicare program liability (see instructions)		9,685,532		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/28/2020 11:08 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: 14-0223 Component CCN: 14-S223	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,418,718	1.00
2.00	Net IPF PPS Outlier Payments		58,383	2.00
3.00	Net IPF PPS ECT Payments		15,441	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		3.45	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		2.44	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		2.44	8.00
9.00	Average Daily Census (see instructions)		20.986301	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.058279	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		82,681	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,575,223	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,575,223	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,575,223	18.00
19.00	Deductibles		98,136	19.00
20.00	Subtotal (line 18 minus line 19)		1,477,087	20.00
21.00	Coinsurance		62,720	21.00
22.00	Subtotal (line 20 minus line 21)		1,414,367	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		78,505	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		51,028	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40,279	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,465,395	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		3,136	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,468,531	31.00
31.01	Sequestration adjustment (see instructions)		29,371	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,354,484	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		84,676	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		58,383	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,520,431 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0213 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			264,668 3.00
4.00	Outlier Payments			217,550 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)			34.013699 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)			10,002,649 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)			10,002,649 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,002,649 19.00
20.00	Deductibles			31,348 20.00
21.00	Subtotal (line 19 minus line 20)			9,971,301 21.00
22.00	Coinurance			102,641 22.00
23.00	Subtotal (line 21 minus line 22)			9,868,660 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,728 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,773 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,728 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,870,433 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)			12,763 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)			9,883,196 32.00
32.01	Sequestration adjustment (see instructions)			197,664 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			9,702,025 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)			-16,493 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			17,594 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			217,550 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS
Provider CCN: 14-0223
Period: From 01/01/2019 To 12/31/2019
Worksheet E-4
Date/Time Prepared: 8/28/2020 11:08 am

Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		3.05	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		15.63	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		7.87	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		215.26	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		215.26	6.00
7.00	Enter the lesser of line 5 or line 6		215.26	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	139.68	60.76	200.44	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	139.68	60.76	200.44	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	139.68	60.76		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	136.62	61.32		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	138.31	59.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	138.20	60.69		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	138.20	60.69		17.00
18.00	Per resident amount	114,179.11	109,567.49		18.00
19.00	Approved amount for resident costs	15,779,553	6,649,651	22,429,204	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			22,429,204	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	51,862	18,235		26.00
27.00	Total Inpatient Days (see instructions)	163,347	163,347		27.00
28.00	Ratio of inpatient days to total inpatient days	0.317496	0.111634		28.00
29.00	Program direct GME amount	7,121,183	2,503,862	9,625,045	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		175,270	175,270	30.00
31.00	Net Program direct GME amount			9,449,775	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,009,355	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		146,954,363	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		109,863	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		146,844,500	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		47,438,077	42.00
43.00	Primary payer payments (see instructions)		7,434	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		47,430,643	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		194,275,143	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.755858	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.244142	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		9,449,775	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,142,688	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,307,087	50.00

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

Provider CCN: 14-0223

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

Worksheet G

Date/Time Prepared:

8/28/2020 11:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	449,712,000	0	0	0	1.00
2.00	Temporary investments	106,529,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,620,938,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	637,826,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,815,005,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,363,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,875,340,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,496,988,000	0	0	0	23.00
24.00	Accumulated depreciation	-4,967,768,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,901,923,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,140,565,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,075,876,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,216,441,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	18,933,369,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,863,035,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	77,957,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	767,958,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,708,950,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,729,366,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,796,389,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,525,755,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,234,705,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	11,698,664,000				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)	11,698,664,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	18,933,369,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0223

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

Worksheet G-1

Date/Time Prepared:
8/28/2020 11:08 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		10,242,977,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		152,366,469				2.00
3.00	Total (sum of line 1 and line 2)		10,395,343,469		0		3.00
4.00	CY OTHER DIVISION NET INCOME	1,303,320,531		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)		1,303,320,531		0		10.00
11.00	Subtotal (line 3 plus line 10)		11,698,664,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		11,698,664,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CY OTHER DIVISION NET INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0223

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/28/2020 11:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	351,645,264		351,645,264	1.00
2.00	SUBPROVIDER - IPF	20,808,225		20,808,225	2.00
3.00	SUBPROVIDER - IRF	30,478,952		30,478,952	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	402,932,441		402,932,441	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	75,301,991		75,301,991	11.00
12.00	CORONARY CARE UNIT	54,996,379		54,996,379	12.00
12.01	NEONATAL CARE UNIT	71,320,300		71,320,300	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	201,618,670		201,618,670	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	604,551,111		604,551,111	17.00
18.00	Ancillary services	952,815,227	847,490,640	1,800,305,867	18.00
19.00	Outpatient services	48,680,975	103,389,093	152,070,068	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	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	13,999,965	35,172,309	49,172,274	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,620,047,278	986,052,042	2,606,099,320	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		756,550,882		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		756,550,882		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0223

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

Worksheet G-3

Date/Time Prepared:
8/28/2020 11:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,606,099,320	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,706,040,824	2.00
3.00	Net patient revenues (line 1 minus line 2)	900,058,496	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	756,550,882	4.00
5.00	Net income from service to patients (line 3 minus line 4)	143,507,614	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,292	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,131,060	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	1,530	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	67,002	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,263,655	22.00
23.00	Governmental appropriations	11,844	23.00
24.00	OTHER OPERATING REVENUE	5,377,472	24.00
25.00	Total other income (sum of lines 6-24)	8,858,855	25.00
26.00	Total (line 5 plus line 25)	152,366,469	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)	152,366,469	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0223	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/28/2020 11:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,617,698	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		388,902	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)		392.53	3.00
4.00	Number of interns & residents (see instructions)		209.32	4.00
5.00	Indirect medical education percentage (see instructions)		16.24	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,237,114	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		9,243,714	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