

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: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/24/2020 3:16 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 6/24/2020	Time: 3:16 pm
	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 SOUTH SUBURBAN HOSPITAL (14-0250) 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)

VP, 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	392,741	93,498	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	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
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	392,741	93,498	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: 14-0250		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/24/2020 3:16 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 178TH STREET AND KEDZIE AVE			PO Box:				1.00	
2.00	City: HAZELCREST			State: IL		Zip Code: 60429-		County: COOK 2.00	
		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			SOUTH SUBURBAN HOSPITAL	140250	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF								3.00
5.00	Subprovider - IRF								4.00
6.00	Subprovider - (Other)								5.00
7.00	Swing Beds - SNF								6.00
8.00	Swing Beds - NF								7.00
9.00	Hospital-Based SNF								8.00
10.00	Hospital-Based NF								9.00
11.00	Hospital-Based OLTC								10.00
12.00	Hospital-Based HHA								11.00
13.00	Separately Certified ASC								12.00
14.00	Hospital-Based Hospice								13.00
15.00	Hospital-Based Health Clinic - RHC								14.00
16.00	Hospital-Based Health Clinic - FQHC								15.00
17.00	Hospital-Based (CMHC) I								16.00
17.10	Hospital-Based (CORF) I								17.00
18.00	Renal Dialysis								17.10
19.00	Other								18.00
							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)						2		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	Y	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
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,124	4,315	0	4	1,764	246

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0250		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/24/2020 3:16 pm		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						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 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	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	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no 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.						N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.									57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
					1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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.				N				60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/24/2020 3:16 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	452,064	9,420,531	3,203,466118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0250		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/24/2020 3:16 pm	
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 HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 06101				141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	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	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
161.10	CORF		N	N	N	N	161.10		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/24/2020 3:16 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 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		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	06/10/2020	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GARY		WILLIAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5650		GARY.WILLIAMS@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0250

Period:
From 01/01/2019
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		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.	SR 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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

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	213	77,745	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)		213	77,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		233	85,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		233				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

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)	10,962	3,735	32,538			1.00
2.00	HMO and other (see instructions)	10,879	1,764				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,962	3,735	32,538			7.00
8.00	INTENSIVE CARE UNIT	1,772	762	4,957			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		946	1,590			13.00
14.00	Total (see instructions)	12,734	5,443	39,085	0.00	994.54	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			761			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	994.54	27.00
28.00	Observation Bed Days		261	8,735			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	246	356			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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,772	463	9,281	1.00
2.00 HMO and other (see instructions)			2,402	612		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,772	463	9,281	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

	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	72,023,830	0	72,023,830	2,068,643.20	34.82
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		586,556	0	586,556	3,512.65	166.98
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		206,250	0	206,250	2,135.75	96.57
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,641,773	0	2,641,773	44,104.39	59.90
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		192,664	0	192,664	1,189.48	161.97
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		9,902,461	0	9,902,461	138,976.00	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)		18,803,446	0	18,803,446		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		0	0	0		
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		157,746	0	157,746		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		55,468	0	55,468		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,493,106	0	1,493,106		
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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

		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	571,663	-398,341	173,322	4,908.80	35.31	26.00
27.00	Administrative & General	5.00	6,492,244	-714,204	5,778,040	125,296.72	46.11	27.00
28.00	Administrative & General under contract (see inst.)		1,249,870	0	1,249,870	6,765.10	184.75	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,100,523	6,875	2,107,398	70,179.20	30.03	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,870,330	5,941	1,876,271	107,224.00	17.50	32.00
33.00	Housekeeping under contract (see instructions)		2,891	0	2,891	32.40	89.23	33.00
34.00	Dietary	10.00	2,023,104	-956,166	1,066,938	56,599.80	18.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	960,742	960,742	51,185.80	18.77	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,704,151	55,877	4,760,028	92,976.00	51.20	38.00
39.00	Central Services and Supply	14.00	190,446	71,935	262,381	18,898.98	13.88	39.00
40.00	Pharmacy	15.00	3,189,351	17,499	3,206,850	64,022.40	50.09	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	939,594	0	939,594	22,401.60	41.94	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
6/24/2020 3:16 pm

	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)	73,070,341	0	73,070,341	2,073,304.95	35.24	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	73,070,341	0	73,070,341	2,073,304.95	35.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,736,898	0	12,736,898	184,269.87	69.12	4.00
5.00	Subtotal wage-related costs (see inst.)	20,454,298	0	20,454,298	0.00	27.99	5.00
6.00	Total (sum of lines 3 thru 5)	106,261,537	0	106,261,537	2,257,574.82	47.07	6.00
7.00	Total overhead cost (see instructions)	23,334,167	-949,842	22,384,325	620,490.80	36.08	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
6/24/2020 3:16 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,454,028	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)	1,158,000	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	123,497	6.00
7.00	Employee Managed Care Program Administration Fees	700,239	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)	5,024,808	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,582,497	9.00
10.00	Dental, Hearing and Vision Plan	243,670	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	60,860	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)	698,356	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,749,500	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	378,098	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,156,676	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	82,990	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))	191,415	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	412,026	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,016,660	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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
6/24/2020 3:16 pm

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	2,641,773	19,016,660	1.00
2.00	Hospital	2,641,773	18,803,446	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	213,214	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/24/2020 3:16 pm	
				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)		0.237824		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		25,447,861		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		162,940,175		6.00
7.00	Medicaid cost (line 1 times line 6)		38,751,084		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)		13,303,223		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)		13,303,223		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)	18,829,808	2,302,778	21,132,586	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,478,180	2,302,778	6,780,958	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)	4,478,180	2,302,778	6,780,958	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)		14,020,614		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,154,585		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,776,285		27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,244,329		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,533,695		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,314,653		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,617,876		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

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

Worksheet A

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,162,013	9,162,013	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	571,663	14,534,769	15,106,432	-437,942	14,668,490	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,492,244	55,381,624	61,873,868	-1,081,704	60,792,164	5.00
7.00	00700	OPERATION OF PLANT	2,100,523	10,328,460	12,428,983	-5,432,599	6,996,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	977,827	977,827	-348	977,479	8.00
9.00	00900	HOUSEKEEPING	1,870,330	719,062	2,589,392	-10,073	2,579,319	9.00
10.00	01000	DIETARY	2,023,104	1,332,402	3,355,506	-1,622,052	1,733,454	10.00
11.00	01100	CAFETERIA	0	0	0	1,593,480	1,593,480	11.00
13.00	01300	NURSING ADMINISTRATION	4,704,151	597,645	5,301,796	-85,912	5,215,884	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	190,446	343,164	533,610	-183,109	350,501	14.00
15.00	01500	PHARMACY	3,189,351	20,860,529	24,049,880	-18,860,208	5,189,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,717	48,717	-1,048	47,669	16.00
17.00	01700	SOCIAL SERVICE	939,594	69,444	1,009,038	-25	1,009,013	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,777,435	8,894,485	28,671,920	-3,515,842	25,156,078	30.00
31.00	03100	INTENSIVE CARE UNIT	4,137,299	1,562,965	5,700,264	-689,591	5,010,673	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	504,943	727,690	1,232,633	-69,020	1,163,613	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,886	1,886	-1,886	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,984,120	15,913,767	20,897,887	-14,451,179	6,446,708	50.00
53.00	05300	ANESTHESIOLOGY	157,687	440,189	597,876	1,024,594	1,622,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,016,694	1,699,927	6,716,621	-1,104,979	5,611,642	54.00
56.00	05600	RADIOISOTOPE	335,860	723,898	1,059,758	-695,131	364,627	56.00
56.01	05601	ULTRASOUND	673,171	128,903	802,074	-74,630	727,444	56.01
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	1,181,159	4,607,351	5,788,510	-3,993,038	1,795,472	59.00
60.00	06000	LABORATORY	0	6,950,632	6,950,632	-1,317	6,949,315	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,312,656	1,312,656	-842,663	469,993	62.00
64.00	06400	INTRAVENOUS THERAPY	364,446	184,632	549,078	-157,153	391,925	64.00
65.00	06500	RESPIRATORY THERAPY	1,312,632	386,459	1,699,091	-177,869	1,521,222	65.00
66.00	06600	PHYSICAL THERAPY	78,225	2,933,591	3,011,816	-834,348	2,177,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	80	80	792,386	792,466	67.00
68.00	06800	SPEECH PATHOLOGY	301,882	23,994	325,876	0	325,876	68.00
69.00	06900	ELECTROCARDIOLOGY	926,842	217,999	1,144,841	52,917	1,197,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,905	20,412	121,317	-12,760	108,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,397,470	13,397,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,037,796	10,037,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,332,254	20,332,254	73.00
74.00	07400	RENAL DIALYSIS	500,886	226,393	727,279	-168,589	558,690	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,592,340	345,231	1,937,571	-196,851	1,740,720	75.00
76.00	03560	PULMONARY FUNCTION TESTING	77,050	5,494	82,544	-13	82,531	76.00
76.97	07697	CARDIAC REHABILITATION	294,693	44,296	338,989	38,032	377,021	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,187,855	1,043,553	3,231,408	-731,456	2,499,952	90.00
91.00	09100	EMERGENCY	5,436,300	5,002,854	10,439,154	-997,607	9,441,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	1,100,858	1,100,858	0	1,100,858	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,023,830	159,693,838	231,717,668	0	231,717,668	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

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

Worksheet A

Date/Time Prepared:
6/24/2020 3:16 pm

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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,199	111,199	0	111,199	190.00
190.01	19001	NONREIMBURSABLE HHA	0	94,693	94,693	0	94,693	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	72,023,830	159,899,730	231,923,560	0	231,923,560	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

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

Worksheet A

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,400,597	10,562,610	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,662,556	17,331,046	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,742,933	42,049,231	5.00
7.00	00700	OPERATION OF PLANT	-1,270	6,995,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	977,479	8.00
9.00	00900	HOUSEKEEPING	-758	2,578,561	9.00
10.00	01000	DIETARY	-481,703	1,251,751	10.00
11.00	01100	CAFETERIA	0	1,593,480	11.00
13.00	01300	NURSING ADMINISTRATION	-8,992	5,206,892	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	350,501	14.00
15.00	01500	PHARMACY	-575	5,189,097	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,669	16.00
17.00	01700	SOCIAL SERVICE	0	1,009,013	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,244,950	20,911,128	30.00
31.00	03100	INTENSIVE CARE UNIT	-70	5,010,603	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-600,343	563,270	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,229	6,438,479	50.00
53.00	05300	ANESTHESIOLOGY	-1,398,750	223,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,835	5,565,807	54.00
56.00	05600	RADIOISOTOPE	-10,740	353,887	56.00
56.01	05601	ULTRASOUND	0	727,444	56.01
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	-273	1,795,199	59.00
60.00	06000	LABORATORY	-362,670	6,586,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	469,993	62.00
64.00	06400	INTRAVENOUS THERAPY	0	391,925	64.00
65.00	06500	RESPIRATORY THERAPY	-727	1,520,495	65.00
66.00	06600	PHYSICAL THERAPY	-120	2,177,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	792,466	67.00
68.00	06800	SPEECH PATHOLOGY	0	325,876	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,194	1,194,564	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	108,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,397,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,037,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,332,254	73.00
74.00	07400	RENAL DIALYSIS	0	558,690	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,740,720	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	82,531	76.00
76.97	07697	CARDIAC REHABILITATION	0	377,021	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-48,569	2,451,383	90.00
91.00	09100	EMERGENCY	-3,357,368	6,084,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	SLEEP LAB	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300	INTEREST EXPENSE	-1,100,858	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-26,355,774	205,361,894	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	111,199	190.00
190.01	19001	NONREIMBURSABLE HHA	-94,693	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0250

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

Worksheet A

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FUND RAISING	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,450,467	205,473,093	200.00

RECLASSIFICATIONS

Provider CCN: 14-0250

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

Worksheet A-6

Date/Time Prepared:
6/24/2020 3:16 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	960,742	632,738		1.00
	0		960,742	632,738		
	B - PAITENT DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,332,254		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	0		0	20,332,254		
	D - CENTRAL PROCESSING					
1.00	CENTRAL SERVICES & SUPPLY	14.00	71,935	0		1.00
	0		71,935	0		
	E - MEDICAL DIRECTORS - PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	59,452	5,000		1.00
2.00	OPERATING ROOM	50.00	121,274	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	1,448,750		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	35,000	12,000		4.00
5.00	CARDIAC CATHETERIZATION	59.00	36,500	0		5.00
6.00	RESPIRATORY THERAPY	65.00	90,000	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	38,000	0		7.00
8.00	RENAL DIALYSIS	74.00	15,600	0		8.00
9.00	CLINIC	90.00	10,000	62,390		9.00
10.00	EMERGENCY	91.00	64,000	38,500		10.00
	0		469,826	1,566,640		
	H - EQUIP DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,000,742		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
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

RECLASSIFICATIONS

Provider CCN: 14-0250

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

Worksheet A-6

Date/Time Prepared:
6/24/2020 3:16 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		0	4,000,742		
I - OCCUPATIONAL THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	0	792,386	1.00
0		0	792,386		
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,435,266	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
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
0		0	23,435,266		
K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,037,796	1.00
0		0	10,037,796		
L - CARDIOLOGY ADMINISTRATION					
1.00	CARDIAC CATHETERIZATION	59.00	218,689	23,097	1.00
2.00	ELECTROCARDIOLOGY	69.00	140,895	14,881	2.00
3.00	CARDIAC REHABILITATION	76.97	44,798	4,731	3.00
0		0	404,382	42,709	
M - MANAGEMENT INCENTIVES					
1.00	ADMINISTRATIVE & GENERAL	5.00	231,439	0	1.00
2.00	OPERATION OF PLANT	7.00	6,875	0	2.00
3.00	HOUSEKEEPING	9.00	5,941	0	3.00
4.00	DIETARY	10.00	4,576	0	4.00
5.00	NURSING ADMINISTRATION	13.00	55,877	0	5.00
6.00	PHARMACY	15.00	17,499	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	30,216	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	8,069	0	8.00
9.00	OPERATING ROOM	50.00	16,427	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	14,381	0	10.00
11.00	EMERGENCY	91.00	7,041	0	11.00
0		0	398,341	0	
N - NON-DEPRECIATION PLANT OP COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,161,271	1.00
0	TOTALS	0	0	5,161,271	
500.00	Grand Total: Increases		2,305,226	66,001,802	500.00

RECLASSIFICATIONS

Provider CCN: 14-0250

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

Worksheet A-6

Date/Time Prepared:
6/24/2020 3:16 pm

	Decreases						6/24/2020 3:16 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA COSTS						
1.00	DIETARY	10.00	960,742	632,738	0		1.00
	0		960,742	632,738			
	B - PAITENT DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,599	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	107	0		2.00
3.00	OPERATION OF PLANT	7.00	0	54	0		3.00
4.00	DIETARY	10.00	0	22	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	102	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,374	0		6.00
7.00	PHARMACY	15.00	0	18,707,597	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	207,547	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	56,555	0		9.00
10.00	NURSERY	43.00	0	622	0		10.00
11.00	OPERATING ROOM	50.00	0	58,354	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	53,177	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,686	0		13.00
14.00	RADIOISOTOPE	56.00	0	695,131	0		14.00
15.00	ULTRASOUND	56.01	0	289	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	5,485	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	35,167	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	559	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	15	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	3,317	0		20.00
21.00	RENAL DIALYSIS	74.00	0	1,122	0		21.00
22.00	ASC (NON-DISTINCT PART)	75.00	0	98,706	0		22.00
23.00	CLINIC	90.00	0	42,800	0		23.00
24.00	EMERGENCY	91.00	0	281,867	0		24.00
	0		0	20,332,254			
	D - CENTRAL PROCESSING						
1.00	ADMINISTRATIVE & GENERAL	5.00	71,935	0	0		1.00
	0		71,935	0			
	E - MEDICAL DIRECTORS - PHYSICIANS						
1.00	ADMINISTRATIVE & GENERAL	5.00	469,326	167,890	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,398,750	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	CLINIC	90.00	500	0	0		9.00
10.00		0.00	0	0	0		10.00
	0		469,826	1,566,640			
	H - EQUIP DEPR						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	156,794	9		1.00
2.00	OPERATION OF PLANT	7.00	0	277,528	0		2.00
3.00	HOUSEKEEPING	9.00	0	13,879	0		3.00
4.00	DIETARY	10.00	0	22,445	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	140,768	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,758	0		6.00
7.00	PHARMACY	15.00	0	123,149	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,048	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	677,504	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	42,008	0		10.00
11.00	NURSERY	43.00	0	23,337	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	1,886	0		12.00
13.00	OPERATING ROOM	50.00	0	1,380,341	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	58,245	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	512,508	0		15.00
16.00	ULTRASOUND	56.01	0	1,465	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	141,132	0		17.00
18.00	LABORATORY	60.00	0	1,317	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	7,587	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	29,120	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	5,745	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	114,374	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,033	0		23.00
24.00	RENAL DIALYSIS	74.00	0	28,509	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	33,413	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	4,727	0		26.00
27.00	CLINIC	90.00	0	18,905	0		27.00
28.00	EMERGENCY	91.00	0	45,217	0		28.00
	0		0	4,000,742			

RECLASSIFICATIONS

Provider CCN: 14-0250

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

Worksheet A-6

Date/Time Prepared:
6/24/2020 3:16 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - OCCUPATIONAL THERAPY						
1.00	PHYSICAL THERAPY	66.00	0	792,386	0		1.00
	0		0	792,386			
	J - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	0		1.00
2.00	OPERATION OF PLANT	7.00	0	621	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	348	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,135	0		4.00
5.00	DIETARY	10.00	0	10,681	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	919	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	120,912	0		7.00
8.00	PHARMACY	15.00	0	46,961	0		8.00
9.00	SOCIAL SERVICE	17.00	0	25	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,326,709	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	599,097	0		11.00
12.00	NURSERY	43.00	0	45,061	0		12.00
13.00	OPERATING ROOM	50.00	0	13,150,185	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	312,734	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	612,166	0		15.00
16.00	ULTRASOUND	56.01	0	72,876	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	4,124,707	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	842,663	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	114,399	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	238,190	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	36,202	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	23,168	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,727	0		23.00
24.00	RENAL DIALYSIS	74.00	0	154,558	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	64,732	0		25.00
26.00	PULMONARY FUNCTION TESTING	76.00	0	13	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	6,770	0		27.00
28.00	CLINIC	90.00	0	741,641	0		28.00
29.00	EMERGENCY	91.00	0	780,064	0		29.00
	0		0	23,435,266			
	K - IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,037,796	0		1.00
	0		0	10,037,796			
	L - CARDIOLOGY ADMINISTRATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	404,382	42,709	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		404,382	42,709			
	M - MANAGEMENT INCENTIVES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	398,341	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
	0		398,341	0			
	N - NON-DEPRECIATION PLANT OP COSTS						
1.00	OPERATION OF PLANT	7.00	0	5,161,271	9		1.00
	TOTALS		0	5,161,271			
500.00	Grand Total: Decreases		2,305,226	66,001,802			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

		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	714,843	0	0	0	0	1.00	
2.00	Land Improvements	5,497,166	0	0	0	0	2.00	
3.00	Buildings and Fixtures	143,217,924	3,046,524	0	3,046,524	0	3.00	
4.00	Building Improvements	3,308,192	0	0	0	0	4.00	
5.00	Fixed Equipment	65,020,467	1,684,523	0	1,684,523	24,369,387	5.00	
6.00	Movable Equipment	86,834	27,690	0	27,690	0	6.00	
7.00	HIT designated Assets	802,434	0	0	0	374,351	7.00	
8.00	Subtotal (sum of lines 1-7)	218,647,860	4,758,737	0	4,758,737	24,743,738	8.00	
9.00	Reconciling Items	-7,926,727	-28,071,644	0	-28,071,644	0	9.00	
10.00	Total (line 8 minus line 9)	226,574,587	32,830,381	0	32,830,381	24,743,738	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	714,843	0					1.00
2.00	Land Improvements	5,497,166	4,317,923					
3.00	Buildings and Fixtures	146,264,448	69,744,245					
4.00	Building Improvements	3,308,192	269,880					4.00
5.00	Fixed Equipment	42,335,603	18,597,729					
6.00	Movable Equipment	114,524	25,793					
7.00	HIT designated Assets	428,083	256,795					7.00
8.00	Subtotal (sum of lines 1-7)	198,662,859	93,212,365					
9.00	Reconciling Items	-35,998,371	0					
10.00	Total (line 8 minus line 9)	234,661,230	93,212,365					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

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
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
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/24/2020 3:16 pm

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	198,662,858	0	198,662,858	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	198,662,858	0	198,662,858	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	10,562,610	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	10,562,610	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,562,610	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,562,610	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

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

Worksheet A-8

Date/Time Prepared:
6/24/2020 3:16 pm

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 - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 *** Cost Center Deleted ***	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	-94,561	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,965,351			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,761,224			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)	A		0 UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 *** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-431,475	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

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

Worksheet A-8

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
33.00	OTHER NONALLOWABLE EXPENSES	A	-97	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	OTHER NONALLOWABLE EXPENSES	A	-366,699	ADMINISTRATIVE & GENERAL		5.00	0	33.01
33.02	OTHER NONALLOWABLE EXPENSES	A	-1,270	OPERATION OF PLANT		7.00	0	33.02
33.03	OTHER NONALLOWABLE EXPENSES	A	-758	HOUSEKEEPING		9.00	0	33.03
33.04	OTHER NONALLOWABLE EXPENSES	A	-2,346	DIETARY		10.00	0	33.04
33.05	OTHER NONALLOWABLE EXPENSES	A	-8,992	NURSING ADMINISTRATION		13.00	0	33.05
33.06	OTHER NONALLOWABLE EXPENSES	A	-575	PHARMACY		15.00	0	33.06
33.07	OTHER NONALLOWABLE EXPENSES	A	-9,823	ADULTS & PEDIATRICS		30.00	0	33.07
33.08	OTHER NONALLOWABLE EXPENSES	A	-70	INTENSIVE CARE UNIT		31.00	0	33.08
33.09	OTHER NONALLOWABLE EXPENSES	A	-343	NURSERY		43.00	0	33.09
33.10	OTHER NONALLOWABLE EXPENSES	A	-8,229	OPERATING ROOM		50.00	0	33.10
33.11	OTHER NONALLOWABLE EXPENSES	A	-28,986	RADIOLOGY-DIAGNOSTIC		54.00	0	33.11
33.12	OTHER NONALLOWABLE EXPENSES	A	-250	RADIOISOTOPE		56.00	0	33.12
33.13	OTHER NONALLOWABLE EXPENSES	A	-273	CARDIAC CATHETERIZATION		59.00	0	33.13
33.14	OTHER NONALLOWABLE EXPENSES	A	-727	RESPIRATORY THERAPY		65.00	0	33.14
33.15	OTHER NONALLOWABLE EXPENSES	A	-23,919	CLINIC		90.00	0	33.15
33.16	OTHER NONALLOWABLE EXPENSES	A	-198,245	EMERGENCY		91.00	0	33.16
33.17	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.17
33.18	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.18
33.19	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.19
33.20	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.20
33.21	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.21
33.22	OTHER NONALLOWABLE EXPENSES	A	0			0.00	0	33.22
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	34.00
34.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	34.05
36.05	AHP FEE	A	-1,810,813	ADMINISTRATIVE & GENERAL		5.00	0	36.05
37.00	BOOKED DEPR TO MC	A	-501	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	37.00
37.01	POST EMPLOYMENT PENSION	A	-512,400	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.01
38.00	POST EMPLOYMENT PENSION RESTORATION	A	3,600	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.00
39.00	POST EMPLOYMENT HEALTH	A	141,000	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
39.05	EARLY RETIREMENT INCENTIVE PROGRAM	A	62,100	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.05
40.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	40.03
41.00	ADVERTISING COSTS	A	-92	ADMINISTRATIVE & GENERAL		5.00	0	41.00
45.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.01
45.02	BOOKED INTEREST EXPENSE	A	-1,100,858	INTEREST EXPENSE		113.00	0	45.02
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.06
45.07	HHA EXPENSES	A	-94,693	NONREIMBURSABLE HHA		190.01	0	45.07
45.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.10
45.15	PUBLIC AID ASSESSMENT	A	-9,829,560	ADMINISTRATIVE & GENERAL		5.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.16
45.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.17
45.18	OTHER INCOME	B	-510,533	ADMINISTRATIVE & GENERAL		5.00	0	45.18
45.19	OTHER INCOME	B	-479,357	DIETARY		10.00	0	45.19
45.24	OTHER INCOME	B	-350	ADULTS & PEDIATRICS		30.00	0	45.24
45.25	OTHER INCOME	B	-10,585	RADIOLOGY-DIAGNOSTIC		54.00	0	45.25
45.27	OTHER INCOME	B	-10,490	RADIOISOTOPE		56.00	0	45.27
45.28	OTHER INCOME	B	-362,670	LABORATORY		60.00	0	45.28
45.30	OTHER INCOME	B	-120	PHYSICAL THERAPY		66.00	0	45.30
45.34	OTHER INCOME	B	-3,194	ELECTROCARDIOLOGY		69.00	0	45.34
45.35	OTHER INCOME	B	-24,650	CLINIC		90.00	0	45.35
45.36	OTHER INCOME	B	-2,088	EMERGENCY		91.00	0	45.36
45.37	OTHER INCOME		0			0.00	0	45.37
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0250

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

Worksheet A-8

Date/Time Prepared:
6/24/2020 3:16 pm

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	
45.41	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.41
45.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.42
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,450,467				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: 14-0250

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

Worksheet A-8-1

Date/Time Prepared:
6/24/2020 3:16 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION	4,584,479	12,149,712	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE ALLOCATION IT	10,684,752	9,250,194	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE PERSONNEL ALLOC	2,968,353	0	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	1,401,098	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
5.00	0		0	19,638,682	21,399,906	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0250

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

Worksheet A-8-1

Date/Time Prepared:
6/24/2020 3:16 pm

	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	-7,565,233	0		1.00
2.00	1,434,558	0		2.00
3.00	2,968,353	0		3.00
4.00	1,401,098	9		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-1,761,224			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			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: 14-0250

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

Worksheet A-8-2

Date/Time Prepared:
6/24/2020 3:16 pm

	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,803,302	3,803,302	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	600,000	600,000	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,398,750	1,398,750	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	6,264	6,264	0	0	0	4.00
5.00	91.00	AGGREGATE-EMERGENCY	3,157,035	3,157,035	0	0	0	5.00
6.00	0.00		0	0	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			8,965,351	8,965,351	0	0	0	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	5.00
6.00	0.00		0	0	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			0	0	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	3,803,302		1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	600,000		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,398,750		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	6,264		4.00
5.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,157,035		5.00
6.00	0.00		0	0	0	0		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	0	0	8,965,351		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	10,562,610	10,562,610				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,331,046	12,843	17,343,889			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,049,231	1,146,983	1,394,755	44,590,969	44,590,969	5.00
7.00	00700	OPERATION OF PLANT	6,995,114	2,597,757	508,703	10,101,574	2,799,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	977,479	27,003	0	1,004,482	278,407	8.00
9.00	00900	HOUSEKEEPING	2,578,561	122,723	452,911	3,154,195	874,232	9.00
10.00	01000	DIETARY	1,251,751	193,967	257,547	1,703,265	472,085	10.00
11.00	01100	CAFETERIA	1,593,480	188,045	231,913	2,013,438	558,055	11.00
13.00	01300	NURSING ADMINISTRATION	5,206,892	108,090	1,149,018	6,464,000	1,791,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	350,501	67,191	63,336	481,028	133,324	14.00
15.00	01500	PHARMACY	5,189,097	114,380	774,098	6,077,575	1,684,491	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,669	101,800	0	149,469	41,428	16.00
17.00	01700	SOCIAL SERVICE	1,009,013	17,870	226,808	1,253,691	347,479	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,911,128	2,468,905	4,795,667	28,175,700	7,809,390	30.00
31.00	03100	INTENSIVE CARE UNIT	5,010,603	376,327	1,000,646	6,387,576	1,770,413	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	563,270	44,425	121,888	729,583	202,215	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,438,479	608,350	1,236,351	8,283,180	2,295,808	50.00
53.00	05300	ANESTHESIOLOGY	223,720	10,527	38,064	272,311	75,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,565,807	599,981	1,222,895	7,388,683	2,047,884	54.00
56.00	05600	RADIOISOTOPE	353,887	70,876	81,073	505,836	140,200	56.00
56.01	05601	ULTRASOUND	727,444	0	162,496	889,940	246,660	56.01
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	1,795,199	98,826	346,719	2,240,744	621,056	59.00
60.00	06000	LABORATORY	6,586,645	251,551	0	6,838,196	1,895,309	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	469,993	28,898	0	498,891	138,275	62.00
64.00	06400	INTRAVENOUS THERAPY	391,925	5,343	87,973	485,241	134,492	64.00
65.00	06500	RESPIRATORY THERAPY	1,520,495	56,506	338,580	1,915,581	530,932	65.00
66.00	06600	PHYSICAL THERAPY	2,177,348	146,225	18,883	2,342,456	649,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	792,466	22,608	0	815,074	225,910	67.00
68.00	06800	SPEECH PATHOLOGY	325,876	5,343	72,871	404,090	112,000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,194,564	22,950	266,913	1,484,427	411,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108,557	23,634	24,357	156,548	43,390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,397,470	0	0	13,397,470	3,713,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,037,796	0	0	10,037,796	2,782,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,332,254	0	0	20,332,254	5,635,389	73.00
74.00	07400	RENAL DIALYSIS	558,690	40,057	124,674	723,421	200,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,740,720	205,705	384,373	2,330,798	646,016	75.00
76.00	03560	PULMONARY FUNCTION TESTING	82,531	8,317	18,599	109,447	30,335	76.00
76.97	07697	CARDIAC REHABILITATION	377,021	79,087	81,949	538,057	149,131	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,451,383	199,994	530,417	3,181,794	881,882	90.00
91.00	09100	EMERGENCY	6,084,179	465,389	1,329,412	7,878,980	2,183,777	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
				NEW BLDG & FIXT				
			0	1.00	4.00	4A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,361,894	10,538,476	17,343,889	205,337,760	44,553,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,199	20,502	0	131,701	36,503	190.00
190.01	19001	NONREIMBURSABLE HHA	0	3,632	0	3,632	1,007	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	205,473,093	10,562,610	17,343,889	205,473,093	44,590,969	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	12,901,377				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,193	1,334,082			8.00
9.00	00900	HOUSEKEEPING	232,665	0	4,261,092		9.00
10.00	01000	DIETARY	367,734	0	124,188	2,667,272	10.00
11.00	01100	CAFETERIA	356,507	0	120,397	0	11.00
13.00	01300	NURSING ADMINISTRATION	204,923	0	69,205	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,385	0	43,019	0	14.00
15.00	01500	PHARMACY	216,848	0	73,232	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	192,998	0	65,178	0	16.00
17.00	01700	SOCIAL SERVICE	33,879	0	11,442	0	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,680,699	1,110,615	1,580,729	2,220,486	30.00
31.00	03100	INTENSIVE CARE UNIT	713,464	169,196	240,946	338,280	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	84,225	54,271	28,444	108,506	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,153,348	0	389,500	0	50.00
53.00	05300	ANESTHESIOLOGY	19,958	0	6,740	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,137,481	0	384,141	0	54.00
56.00	05600	RADIOISOTOPE	134,370	0	45,378	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	187,360	0	63,274	0	59.00
60.00	06000	LABORATORY	476,907	0	161,057	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,786	0	18,502	0	62.00
64.00	06400	INTRAVENOUS THERAPY	10,129	0	3,421	0	64.00
65.00	06500	RESPIRATORY THERAPY	107,127	0	36,178	0	65.00
66.00	06600	PHYSICAL THERAPY	277,223	0	93,621	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	42,861	0	14,475	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,129	0	3,421	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,509	0	14,694	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,807	0	15,132	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	75,942	0	25,646	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	389,988	0	131,704	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	15,767	0	5,325	0	76.00
76.97	07697	CARDIAC REHABILITATION	149,938	0	50,636	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	379,160	0	128,047	0	90.00
91.00	09100	EMERGENCY	882,312	0	297,968	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,855,622	1,334,082	4,245,640	2,667,272	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,869	0	13,127	0	190.00
190.01	19001	NONREIMBURSABLE HHA	6,886	0	2,325	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	FUND RAISING	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)	12,901,377	1,334,082	4,261,092	2,667,272	3,048,397	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
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	8,771,318					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	798,073				14.00
15.00	01500 PHARMACY	0	26,879	8,241,789			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	449,073		16.00
17.00	01700 SOCIAL SERVICE	196,083	696	0	0	1,890,959	17.00
23.00	02301 PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,817,656	138,602	84,306	49,283	1,574,211	30.00
31.00	03100 INTENSIVE CARE UNIT	824,693	27,190	22,973	12,038	239,823	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	103,998	2,602	253	2,179	76,925	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,004,505	449,686	23,703	49,526	0	50.00
53.00	05300 ANESTHESIOLOGY	31,172	3,723	21,600	11,940	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	112,802	42,376	16,933	61,373	0	54.00
56.00	05600 RADIOISOTOPE	0	0	282,362	5,967	0	56.00
56.01	05601 ULTRASOUND	3,552	1,834	117	7,250	0	56.01
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	231,891	5,850	2,228	12,896	0	59.00
60.00	06000 LABORATORY	0	0	0	31,490	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,535	0	62.00
64.00	06400 INTRAVENOUS THERAPY	76,466	19	14,285	378	0	64.00
65.00	06500 RESPIRATORY THERAPY	11,975	2,688	227	8,378	0	65.00
66.00	06600 PHYSICAL THERAPY	16,142	2,675	6	5,809	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	2,156	0	67.00
68.00	06800 SPEECH PATHOLOGY	49,746	1,356	0	790	0	68.00
69.00	06900 ELECTROCARDIOLOGY	190,392	6,147	1,347	11,133	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,954	185	0	862	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,580	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	17,721	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	7,599,020	72,592	0	73.00
74.00	07400 RENAL DIALYSIS	99,997	1,613	456	1,923	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	334,222	14,258	40,094	4,734	0	75.00
76.00	03560 PULMONARY FUNCTION TESTING	16,268	0	0	110	0	76.00
76.97	07697 CARDIAC REHABILITATION	64,821	7,728	0	979	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	380,573	10,649	17,385	9,205	0	90.00
91.00	09100 EMERGENCY	1,183,410	51,045	114,494	55,246	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,771,318	797,801	8,241,789	449,073	1,890,959	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	272	0	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	8,771,318	798,073	8,241,789	449,073	1,890,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02301	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	52,250,027	0	52,250,027	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,956,990	0	10,956,990	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,418,829	0	1,418,829	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,909,214	0	13,909,214	50.00
53.00	05300	ANESTHESIOLOGY	0	450,922	0	450,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,448,802	0	11,448,802	54.00
56.00	05600	RADIOISOTOPE	0	1,131,160	0	1,131,160	56.00
56.01	05601	ULTRASOUND	0	1,183,520	0	1,183,520	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,438,201	0	3,438,201	59.00
60.00	06000	LABORATORY	0	9,402,959	0	9,402,959	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	713,989	0	713,989	62.00
64.00	06400	INTRAVENOUS THERAPY	0	742,928	0	742,928	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,684,277	0	2,684,277	65.00
66.00	06600	PHYSICAL THERAPY	0	3,391,149	0	3,391,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,100,476	0	1,100,476	67.00
68.00	06800	SPEECH PATHOLOGY	0	596,854	0	596,854	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,219,202	0	2,219,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	286,999	0	286,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,120,360	0	17,120,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,837,643	0	12,837,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,639,255	0	33,639,255	73.00
74.00	07400	RENAL DIALYSIS	0	1,155,719	0	1,155,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,972,633	0	3,972,633	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	181,163	0	181,163	76.00
76.97	07697	CARDIAC REHABILITATION	0	978,521	0	978,521	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	5,100,222	0	5,100,222	90.00
91.00	09100	EMERGENCY	0	12,926,757	0	12,926,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	205,238,771	0	205,238,771	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	220,472	0	220,472		190.00
190.01	19001	NONREIMBURSABLE HHA	0	13,850	0	13,850		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FUND RAISING	0	0	0	0		194.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	205,473,093	0	205,473,093		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			NEW BLDG & FIXT				
		0	1.00	2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,843	12,843		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	313,820	1,146,983	1,460,803	1,034	5.00
7.00	00700	OPERATION OF PLANT	70	2,597,757	2,597,827	377	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,003	27,003	0	8.00
9.00	00900	HOUSEKEEPING	102	122,723	122,825	336	9.00
10.00	01000	DIETARY	12,545	193,967	206,512	191	10.00
11.00	01100	CAFETERIA	0	188,045	188,045	172	11.00
13.00	01300	NURSING ADMINISTRATION	851	108,090	108,941	852	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,281	67,191	93,472	47	14.00
15.00	01500	PHARMACY	144,898	114,380	259,278	574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,669	101,800	149,469	0	16.00
17.00	01700	SOCIAL SERVICE	0	17,870	17,870	168	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,468,905	2,468,905	3,540	30.00
31.00	03100	INTENSIVE CARE UNIT	0	376,327	376,327	742	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	44,425	44,425	90	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,000	608,350	611,350	917	50.00
53.00	05300	ANESTHESIOLOGY	0	10,527	10,527	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,396	599,981	606,377	907	54.00
56.00	05600	RADIOISOTOPE	134	70,876	71,010	60	56.00
56.01	05601	ULTRASOUND	0	0	0	120	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	98,826	98,826	257	59.00
60.00	06000	LABORATORY	0	251,551	251,551	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	28,898	28,898	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	5,343	5,343	65	64.00
65.00	06500	RESPIRATORY THERAPY	17,539	56,506	74,045	251	65.00
66.00	06600	PHYSICAL THERAPY	0	146,225	146,225	14	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,608	22,608	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,343	5,343	54	68.00
69.00	06900	ELECTROCARDIOLOGY	678	22,950	23,628	198	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,634	23,634	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	40,057	40,057	92	74.00
75.00	07500	ASC (NON-DISTINCT PART)	42	205,705	205,747	285	75.00
76.00	03560	PULMONARY FUNCTION TESTING	36	8,317	8,353	14	76.00
76.97	07697	CARDIAC REHABILITATION	28	79,087	79,115	61	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	199,994	199,994	393	90.00
91.00	09100	EMERGENCY	0	465,389	465,389	986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5	0	5	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	574,094	10,538,476	11,112,570	12,843	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT				
			0	1.00	2A	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,502	20,502	0	1,197	190.00
190.01	19001	NONREIMBURSABLE HHA	0	3,632	3,632	0	33	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0	0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	574,094	10,562,610	11,136,704	12,843	1,461,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	2,689,987				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,674	46,804			8.00
9.00	00900	HOUSEKEEPING	48,512	0	200,332		9.00
10.00	01000	DIETARY	76,674	0	5,839	304,692	10.00
11.00	01100	CAFETERIA	74,333	0	5,660	0	11.00
13.00	01300	NURSING ADMINISTRATION	42,727	0	3,254	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,560	0	2,023	0	14.00
15.00	01500	PHARMACY	45,214	0	3,443	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,241	0	3,064	0	16.00
17.00	01700	SOCIAL SERVICE	7,064	0	538	0	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	975,945	38,964	74,315	253,654	30.00
31.00	03100	INTENSIVE CARE UNIT	148,760	5,936	11,328	38,643	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	17,561	1,904	1,337	12,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	240,477	0	18,312	0	50.00
53.00	05300	ANESTHESIOLOGY	4,161	0	317	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	237,169	0	18,060	0	54.00
56.00	05600	RADIOISOTOPE	28,017	0	2,133	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,065	0	2,975	0	59.00
60.00	06000	LABORATORY	99,437	0	7,572	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,423	0	870	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,112	0	161	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,336	0	1,701	0	65.00
66.00	06600	PHYSICAL THERAPY	57,802	0	4,402	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,937	0	681	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,112	0	161	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,072	0	691	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,342	0	711	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,834	0	1,206	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	81,314	0	6,192	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	3,288	0	250	0	76.00
76.97	07697	CARDIAC REHABILITATION	31,263	0	2,381	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	79,056	0	6,020	0	90.00
91.00	09100	EMERGENCY	183,965	0	14,009	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,680,447	46,804	199,606	304,692	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,104	0	617	0	190.00
190.01	19001	NONREIMBURSABLE HHA	1,436	0	109	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	FUND RAISING	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)	2,689,987	46,804	200,332	304,692	286,504	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
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	237,211					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	127,725				14.00
15.00	01500 PHARMACY	0	4,302	383,329			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	194,132		16.00
17.00	01700 SOCIAL SERVICE	5,303	111	0	0	46,927	17.00
23.00	02301 PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	103,248	22,182	3,921	21,325	39,066	30.00
31.00	03100 INTENSIVE CARE UNIT	22,302	4,351	1,068	5,209	5,952	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	2,812	416	12	943	1,909	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,165	71,969	1,102	21,429	0	50.00
53.00	05300 ANESTHESIOLOGY	843	596	1,005	5,166	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,051	6,782	788	26,556	0	54.00
56.00	05600 RADIOISOTOPE	0	0	13,133	2,582	0	56.00
56.01	05601 ULTRASOUND	96	294	5	3,137	0	56.01
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	6,271	936	104	5,580	0	59.00
60.00	06000 LABORATORY	0	0	0	13,625	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,529	0	62.00
64.00	06400 INTRAVENOUS THERAPY	2,068	3	664	164	0	64.00
65.00	06500 RESPIRATORY THERAPY	324	430	11	3,625	0	65.00
66.00	06600 PHYSICAL THERAPY	437	428	0	2,513	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	933	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,345	217	0	342	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,149	984	63	4,817	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	567	30	0	373	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,145	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,668	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	353,433	31,230	0	73.00
74.00	07400 RENAL DIALYSIS	2,704	258	21	832	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	9,038	2,282	1,865	2,049	0	75.00
76.00	03560 PULMONARY FUNCTION TESTING	440	0	0	48	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,753	1,237	0	424	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	10,292	1,704	809	3,983	0	90.00
91.00	09100 EMERGENCY	32,003	8,169	5,325	23,905	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	237,211	127,681	383,329	194,132	46,927	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	44	0	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	237,211	127,725	383,329	194,132	46,927	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02301	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		4,355,909	0	4,355,909	30.00
31.00	03100	INTENSIVE CARE UNIT		698,429	0	698,429	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		92,842	0	92,842	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,092,413	0	1,092,413	50.00
53.00	05300	ANESTHESIOLOGY		25,869	0	25,869	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		990,989	0	990,989	54.00
56.00	05600	RADIOISOTOPE		123,133	0	123,133	56.00
56.01	05601	ULTRASOUND		14,949	0	14,949	56.01
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		181,224	0	181,224	59.00
60.00	06000	LABORATORY		434,317	0	434,317	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		47,253	0	47,253	62.00
64.00	06400	INTRAVENOUS THERAPY		16,727	0	16,727	64.00
65.00	06500	RESPIRATORY THERAPY		126,819	0	126,819	65.00
66.00	06600	PHYSICAL THERAPY		233,478	0	233,478	66.00
67.00	06700	OCCUPATIONAL THERAPY		40,565	0	40,565	67.00
68.00	06800	SPEECH PATHOLOGY		14,686	0	14,686	68.00
69.00	06900	ELECTROCARDIOLOGY		63,364	0	63,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		36,578	0	36,578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		125,874	0	125,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		98,871	0	98,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		569,402	0	569,402	73.00
74.00	07400	RENAL DIALYSIS		70,041	0	70,041	74.00
75.00	07500	ASC (NON-DISTINCT PART)		337,545	0	337,545	75.00
76.00	03560	PULMONARY FUNCTION TESTING		13,755	0	13,755	76.00
76.97	07697	CARDIAC REHABILITATION		122,742	0	122,742	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		341,642	0	341,642	90.00
91.00	09100	EMERGENCY		831,609	0	831,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
93.00	04950	SLEEP LAB		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		5	0	5	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,101,030	0	11,101,030	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,464	0	30,464		190.00
190.01	19001	NONREIMBURSABLE HHA		5,210	0	5,210		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
194.00	07950	FUND RAISING		0	0	0		194.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,136,704	0	11,136,704		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	401,339				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	488	71,850,508			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,581	5,778,040	-44,590,969	160,882,124	5.00
7.00	00700	OPERATION OF PLANT	98,705	2,107,398	0	10,101,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,026	0	0	1,004,482	8.00
9.00	00900	HOUSEKEEPING	4,663	1,876,271	0	3,154,195	9.00
10.00	01000	DIETARY	7,370	1,066,938	0	1,703,265	10.00
11.00	01100	CAFETERIA	7,145	960,742	0	2,013,438	11.00
13.00	01300	NURSING ADMINISTRATION	4,107	4,760,028	0	6,464,000	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,553	262,381	0	481,028	14.00
15.00	01500	PHARMACY	4,346	3,206,850	0	6,077,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,868	0	0	149,469	16.00
17.00	01700	SOCIAL SERVICE	679	939,594	0	1,253,691	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	93,809	19,867,103	0	28,175,700	30.00
31.00	03100	INTENSIVE CARE UNIT	14,299	4,145,368	0	6,387,576	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,688	504,943	0	729,583	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,115	5,121,821	0	8,283,180	50.00
53.00	05300	ANESTHESIOLOGY	400	157,687	0	272,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,797	5,066,075	0	7,388,683	54.00
56.00	05600	RADIOISOTOPE	2,693	335,860	0	505,836	56.00
56.01	05601	ULTRASOUND	0	673,171	0	889,940	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,755	1,436,348	0	2,240,744	59.00
60.00	06000	LABORATORY	9,558	0	0	6,838,196	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	498,891	62.00
64.00	06400	INTRAVENOUS THERAPY	203	364,446	0	485,241	64.00
65.00	06500	RESPIRATORY THERAPY	2,147	1,402,632	0	1,915,581	65.00
66.00	06600	PHYSICAL THERAPY	5,556	78,225	0	2,342,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	859	0	0	815,074	67.00
68.00	06800	SPEECH PATHOLOGY	203	301,882	0	404,090	68.00
69.00	06900	ELECTROCARDIOLOGY	872	1,105,737	0	1,484,427	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	898	100,905	0	156,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,397,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,037,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,332,254	73.00
74.00	07400	RENAL DIALYSIS	1,522	516,486	0	723,421	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,816	1,592,340	0	2,330,798	75.00
76.00	03560	PULMONARY FUNCTION TESTING	316	77,050	0	109,447	76.00
76.97	07697	CARDIAC REHABILITATION	3,005	339,491	0	538,057	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	7,599	2,197,355	0	3,181,794	90.00
91.00	09100	EMERGENCY	17,683	5,507,341	0	7,878,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			NEW BLDG & FIXT (SQUARE FEET)					
			1.00	4.00	5A	5.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	400,422	71,850,508	-44,590,969	160,746,791	257,648	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	779	0	0	131,701	779	190.00
190.01	19001	NONREIMBURSABLE HHA	138	0	0	3,632	138	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	10,562,610	17,343,889		44,590,969	12,901,377	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.318424	0.241389		0.277165	49.896069	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		12,843		1,461,837	2,689,987	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000179		0.009086	10.403523	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: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
			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
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	39,085					8.00
9.00	00900	HOUSEKEEPING	0	252,876				9.00
10.00	01000	DIETARY	0	7,370	39,085			10.00
11.00	01100	CAFETERIA	0	7,145	0	60,061,119		11.00
13.00	01300	NURSING ADMINISTRATION	0	4,107	0	4,760,028	41,067,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,553	0	262,381	0	14.00
15.00	01500	PHARMACY	0	4,346	0	3,206,850	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,868	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	679	0	939,594	918,063	17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,538	93,809	32,538	19,867,103	17,874,295	30.00
31.00	03100	INTENSIVE CARE UNIT	4,957	14,299	4,957	4,145,368	3,861,229	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,590	1,688	1,590	504,943	486,919	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	23,115	0	5,121,821	4,703,111	50.00
53.00	05300	ANESTHESIOLOGY	0	400	0	157,687	145,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,797	0	5,066,075	528,142	54.00
56.00	05600	RADIOISOTOPE	0	2,693	0	335,860	0	56.00
56.01	05601	ULTRASOUND	0	0	0	673,171	16,631	56.01
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	3,755	0	1,436,348	1,085,720	59.00
60.00	06000	LABORATORY	0	9,558	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	203	0	364,446	358,015	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,147	0	1,402,632	56,068	65.00
66.00	06600	PHYSICAL THERAPY	0	5,556	0	78,225	75,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	859	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	203	0	301,882	232,910	68.00
69.00	06900	ELECTROCARDIOLOGY	0	872	0	1,105,737	891,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	898	0	100,905	98,105	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,522	0	516,486	468,188	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,816	0	1,592,340	1,564,834	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	316	0	77,050	76,166	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,005	0	339,491	303,493	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	7,599	0	2,197,355	1,781,851	90.00
91.00	09100	EMERGENCY	0	17,683	0	5,507,341	5,540,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,085	251,959	39,085	60,061,119	41,067,436	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	
		8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	138	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	1,334,082	4,261,092	2,667,272	3,048,397	8,771,318 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.132839	16.850520	68.242855	0.050755	0.213583 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,804	200,332	304,692	286,504	237,211 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.197493	0.792214	7.795625	0.004770	0.005776 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: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	962,781					14.00
15.00	01500	PHARMACY	32,426	20,289,996				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	862,984,477			16.00
17.00	01700	SOCIAL SERVICE	840	0	0	39,085		17.00
23.00	02301	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,207	207,547	94,775,693	32,538	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,801	56,555	23,150,085	4,957	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,139	622	4,189,550	1,590	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	542,492	58,354	95,241,799	0	0	50.00
53.00	05300	ANESTHESIOLOGY	4,491	53,177	22,961,923	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,122	41,686	118,024,788	0	0	54.00
56.00	05600	RADIOISOTOPE	0	695,131	11,474,303	0	0	56.00
56.01	05601	ULTRASOUND	2,213	289	13,941,660	0	0	56.01
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	7,057	5,485	24,799,269	0	0	59.00
60.00	06000	LABORATORY	0	0	60,556,786	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	6,797,272	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	23	35,167	727,337	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,243	559	16,112,097	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,227	15	11,170,259	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,146,595	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,636	0	1,518,902	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,416	3,317	21,408,926	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223	0	1,657,880	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,423,103	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	34,079,799	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,707,597	138,984,709	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,946	1,122	3,697,860	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,201	98,706	9,104,708	0	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	211,651	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,323	0	1,882,615	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	12,847	42,800	17,702,382	0	0	90.00
91.00	09100	EMERGENCY	61,580	281,867	106,242,526	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	962,453	20,289,996	862,984,477	39,085	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0250

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

Worksheet B-1

Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PARAMEDICAL ED PRGM (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	23.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	0	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	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)	798,073	8,241,789	449,073	1,890,959	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.828925	0.406200	0.000520	48.380683	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127,725	383,329	194,132	46,927	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.132663	0.018893	0.000225	1.200640	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,250,027		52,250,027	0	52,250,027
31.00	03100	INTENSIVE CARE UNIT	10,956,990		10,956,990	0	10,956,990
32.00	03200	CORONARY CARE UNIT	0		0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	1,418,829		1,418,829	0	1,418,829
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,909,214		13,909,214	0	13,909,214
53.00	05300	ANESTHESIOLOGY	450,922		450,922	0	450,922
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,448,802		11,448,802	0	11,448,802
56.00	05600	RADIOISOTOPE	1,131,160		1,131,160	0	1,131,160
56.01	05601	ULTRASOUND	1,183,520		1,183,520	0	1,183,520
57.00	05700	CT SCAN	0		0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,438,201		3,438,201	0	3,438,201
60.00	06000	LABORATORY	9,402,959		9,402,959	0	9,402,959
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	713,989		713,989	0	713,989
64.00	06400	INTRAVENOUS THERAPY	742,928		742,928	0	742,928
65.00	06500	RESPIRATORY THERAPY	2,684,277	0	2,684,277	0	2,684,277
66.00	06600	PHYSICAL THERAPY	3,391,149	0	3,391,149	0	3,391,149
67.00	06700	OCCUPATIONAL THERAPY	1,100,476	0	1,100,476	0	1,100,476
68.00	06800	SPEECH PATHOLOGY	596,854	0	596,854	0	596,854
69.00	06900	ELECTROCARDIOLOGY	2,219,202		2,219,202	0	2,219,202
70.00	07000	ELECTROENCEPHALOGRAPHY	286,999		286,999	0	286,999
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,120,360		17,120,360	0	17,120,360
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,837,643		12,837,643	0	12,837,643
73.00	07300	DRUGS CHARGED TO PATIENTS	33,639,255		33,639,255	0	33,639,255
74.00	07400	RENAL DIALYSIS	1,155,719		1,155,719	0	1,155,719
75.00	07500	ASC (NON-DISTINCT PART)	3,972,633		3,972,633	0	3,972,633
76.00	03560	PULMONARY FUNCTION TESTING	181,163		181,163	0	181,163
76.97	07697	CARDIAC REHABILITATION	978,521		978,521	0	978,521
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	5,100,222		5,100,222	0	5,100,222
91.00	09100	EMERGENCY	12,926,757		12,926,757	0	12,926,757
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,058,161		11,058,161	0	11,058,161
93.00	04950	SLEEP LAB	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0
113.00	11300	INTEREST EXPENSE	0		0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0
200.00		Subtotal (see instructions)	216,296,932	0	216,296,932	0	216,296,932
201.00		Less Observation Beds	11,058,161		11,058,161	0	11,058,161
202.00		Total (see instructions)	205,238,771	0	205,238,771	0	205,238,771

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XVIII		Hospital	PPS		
	Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,132,628		62,132,628			30.00
31.00	03100	INTENSIVE CARE UNIT	23,150,085		23,150,085			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,189,550		4,189,550			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,201,181	66,040,618	95,241,799	0.146041	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	5,967,256	16,994,667	22,961,923	0.019638	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,940,910	87,083,878	118,024,788	0.097003	0.000000	54.00
56.00	05600	RADIOISOTOPE	3,635,102	7,839,201	11,474,303	0.098582	0.000000	56.00
56.01	05601	ULTRASOUND	2,082,755	11,858,905	13,941,660	0.084891	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,453,918	11,345,351	24,799,269	0.138641	0.000000	59.00
60.00	06000	LABORATORY	29,795,045	30,761,741	60,556,786	0.155275	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,353,034	2,444,238	6,797,272	0.105041	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	662,007	65,330	727,337	1.021436	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,652,632	2,459,465	16,112,097	0.166600	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,867,130	7,303,129	11,170,259	0.303587	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,306,105	2,840,490	4,146,595	0.265393	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	956,920	561,982	1,518,902	0.392951	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,628,170	12,780,756	21,408,926	0.103658	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	857,655	800,225	1,657,880	0.173112	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,215,678	8,207,425	18,423,103	0.929288	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,505,084	20,574,715	34,079,799	0.376694	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,646,759	73,337,950	138,984,709	0.242036	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,697,860	0	3,697,860	0.312537	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	912,238	8,192,470	9,104,708	0.436327	0.000000	75.00
76.00	03560	PULMONARY FUNCTION TESTING	350	211,301	211,651	0.855952	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	9,944	1,872,671	1,882,615	0.519767	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	50,880	17,651,502	17,702,382	0.288109	0.000000	90.00
91.00	09100	EMERGENCY	25,692,968	80,549,558	106,242,526	0.121672	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,898,300	19,744,765	32,643,065	0.338760	0.000000	92.00
93.00	04950	SLEEP LAB	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	371,462,144	491,522,333	862,984,477			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	371,462,144	491,522,333	862,984,477			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
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	0.146041		50.00
53.00	05300	ANESTHESIOLOGY	0.019638		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097003		54.00
56.00	05600	RADIOISOTOPE	0.098582		56.00
56.01	05601	ULTRASOUND	0.084891		56.01
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	0.138641		59.00
60.00	06000	LABORATORY	0.155275		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105041		62.00
64.00	06400	INTRAVENOUS THERAPY	1.021436		64.00
65.00	06500	RESPIRATORY THERAPY	0.166600		65.00
66.00	06600	PHYSICAL THERAPY	0.303587		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265393		67.00
68.00	06800	SPEECH PATHOLOGY	0.392951		68.00
69.00	06900	ELECTROCARDIOLOGY	0.103658		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173112		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.929288		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376694		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242036		73.00
74.00	07400	RENAL DIALYSIS	0.312537		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.436327		75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.855952		76.00
76.97	07697	CARDIAC REHABILITATION	0.519767		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.288109		90.00
91.00	09100	EMERGENCY	0.121672		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338760		92.00
93.00	04950	SLEEP LAB	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,250,027		52,250,027	0	52,250,027	30.00
31.00	03100	INTENSIVE CARE UNIT	10,956,990		10,956,990	0	10,956,990	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,418,829		1,418,829	0	1,418,829	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,909,214		13,909,214	0	13,909,214	50.00
53.00	05300	ANESTHESIOLOGY	450,922		450,922	0	450,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,448,802		11,448,802	0	11,448,802	54.00
56.00	05600	RADIOISOTOPE	1,131,160		1,131,160	0	1,131,160	56.00
56.01	05601	ULTRASOUND	1,183,520		1,183,520	0	1,183,520	56.01
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,438,201		3,438,201	0	3,438,201	59.00
60.00	06000	LABORATORY	9,402,959		9,402,959	0	9,402,959	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	713,989		713,989	0	713,989	62.00
64.00	06400	INTRAVENOUS THERAPY	742,928		742,928	0	742,928	64.00
65.00	06500	RESPIRATORY THERAPY	2,684,277	0	2,684,277	0	2,684,277	65.00
66.00	06600	PHYSICAL THERAPY	3,391,149	0	3,391,149	0	3,391,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,100,476	0	1,100,476	0	1,100,476	67.00
68.00	06800	SPEECH PATHOLOGY	596,854	0	596,854	0	596,854	68.00
69.00	06900	ELECTROCARDIOLOGY	2,219,202		2,219,202	0	2,219,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,999		286,999	0	286,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,120,360		17,120,360	0	17,120,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,837,643		12,837,643	0	12,837,643	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,639,255		33,639,255	0	33,639,255	73.00
74.00	07400	RENAL DIALYSIS	1,155,719		1,155,719	0	1,155,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,972,633		3,972,633	0	3,972,633	75.00
76.00	03560	PULMONARY FUNCTION TESTING	181,163		181,163	0	181,163	76.00
76.97	07697	CARDIAC REHABILITATION	978,521		978,521	0	978,521	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	5,100,222		5,100,222	0	5,100,222	90.00
91.00	09100	EMERGENCY	12,926,757		12,926,757	0	12,926,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,058,161		11,058,161	0	11,058,161	92.00
93.00	04950	SLEEP LAB	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	216,296,932	0	216,296,932	0	216,296,932	200.00
201.00		Less Observation Beds	11,058,161		11,058,161		11,058,161	201.00
202.00		Total (see instructions)	205,238,771	0	205,238,771	0	205,238,771	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,132,628		62,132,628		30.00
31.00	03100	INTENSIVE CARE UNIT	23,150,085		23,150,085		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,189,550		4,189,550		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,201,181	66,040,618	95,241,799	0.146041	0.000000
53.00	05300	ANESTHESIOLOGY	5,967,256	16,994,667	22,961,923	0.019638	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,940,910	87,083,878	118,024,788	0.097003	0.000000
56.00	05600	RADIOISOTOPE	3,635,102	7,839,201	11,474,303	0.098582	0.000000
56.01	05601	ULTRASOUND	2,082,755	11,858,905	13,941,660	0.084891	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	13,453,918	11,345,351	24,799,269	0.138641	0.000000
60.00	06000	LABORATORY	29,795,045	30,761,741	60,556,786	0.155275	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,353,034	2,444,238	6,797,272	0.105041	0.000000
64.00	06400	INTRAVENOUS THERAPY	662,007	65,330	727,337	1.021436	0.000000
65.00	06500	RESPIRATORY THERAPY	13,652,632	2,459,465	16,112,097	0.166600	0.000000
66.00	06600	PHYSICAL THERAPY	3,867,130	7,303,129	11,170,259	0.303587	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,306,105	2,840,490	4,146,595	0.265393	0.000000
68.00	06800	SPEECH PATHOLOGY	956,920	561,982	1,518,902	0.392951	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,628,170	12,780,756	21,408,926	0.103658	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	857,655	800,225	1,657,880	0.173112	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,215,678	8,207,425	18,423,103	0.929288	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,505,084	20,574,715	34,079,799	0.376694	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	65,646,759	73,337,950	138,984,709	0.242036	0.000000
74.00	07400	RENAL DIALYSIS	3,697,860	0	3,697,860	0.312537	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	912,238	8,192,470	9,104,708	0.436327	0.000000
76.00	03560	PULMONARY FUNCTION TESTING	350	211,301	211,651	0.855952	0.000000
76.97	07697	CARDIAC REHABILITATION	9,944	1,872,671	1,882,615	0.519767	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	50,880	17,651,502	17,702,382	0.288109	0.000000
91.00	09100	EMERGENCY	25,692,968	80,549,558	106,242,526	0.121672	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,898,300	19,744,765	32,643,065	0.338760	0.000000
93.00	04950	SLEEP LAB	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	371,462,144	491,522,333	862,984,477		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	371,462,144	491,522,333	862,984,477		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
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	03560	PULMONARY FUNCTION TESTING	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04950	SLEEP LAB	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF				112.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,355,909	0	4,355,909	41,273	105.54	30.00	
31.00	INTENSIVE CARE UNIT	698,429		698,429	4,957	140.90	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	92,842		92,842	1,590	58.39	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	5,147,180		5,147,180	47,820		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	10,962	1,156,929					30.00
31.00	INTENSIVE CARE UNIT	1,772	249,675					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
41.00	SUBPROVIDER - IRF	0	0					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)	12,734	1,406,604					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/24/2020 3:16 pm			
				Title XVIII		Hospital			
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)	PPS
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,092,413	95,241,799	0.011470	8,857,034	101,590	50.00	
53.00	05300	ANESTHESIOLOGY	25,869	22,961,923	0.001127	1,585,469	1,787	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	990,989	118,024,788	0.008396	9,872,529	82,890	54.00	
56.00	05600	RADIOISOTOPE	123,133	11,474,303	0.010731	1,093,841	11,738	56.00	
56.01	05601	ULTRASOUND	14,949	13,941,660	0.001072	505,950	542	56.01	
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	181,224	24,799,269	0.007308	4,761,586	34,798	59.00	
60.00	06000	LABORATORY	434,317	60,556,786	0.007172	8,828,421	63,317	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	47,253	6,797,272	0.006952	1,273,082	8,850	62.00	
64.00	06400	INTRAVENOUS THERAPY	16,727	727,337	0.022998	188,095	4,326	64.00	
65.00	06500	RESPIRATORY THERAPY	126,819	16,112,097	0.007871	5,595,529	44,042	65.00	
66.00	06600	PHYSICAL THERAPY	233,478	11,170,259	0.020902	1,495,334	31,255	66.00	
67.00	06700	OCCUPATIONAL THERAPY	40,565	4,146,595	0.009783	478,945	4,686	67.00	
68.00	06800	SPEECH PATHOLOGY	14,686	1,518,902	0.009669	413,720	4,000	68.00	
69.00	06900	ELECTROCARDIOLOGY	63,364	21,408,926	0.002960	2,942,805	8,711	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	36,578	1,657,880	0.022063	313,245	6,911	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,874	18,423,103	0.006832	3,503,610	23,937	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	98,871	34,079,799	0.002901	4,284,118	12,428	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	569,402	138,984,709	0.004097	21,140,567	86,613	73.00	
74.00	07400	RENAL DIALYSIS	70,041	3,697,860	0.018941	1,979,195	37,488	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	337,545	9,104,708	0.037074	278,199	10,314	75.00	
76.00	03560	PULMONARY FUNCTION TESTING	13,755	211,651	0.064989	350	23	76.00	
76.97	07697	CARDIAC REHABILITATION	122,742	1,882,615	0.065198	4,380	286	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	341,642	17,702,382	0.019299	18,105	349	90.00	
91.00	09100	EMERGENCY	831,609	106,242,526	0.007827	8,795,943	68,846	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	921,886	32,643,065	0.028241	4,186,245	118,224	92.00	
93.00	04950	SLEEP LAB	0	0	0.000000	0	0	93.00	
200.00		Total (lines 50 through 199)	6,875,731	773,512,214		92,396,297	767,951	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part III
Date/Time Prepared:
6/24/2020 3:16 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
				4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	41,273	0.00	10,962	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,957	0.00	1,772	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	1,590	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)		0	47,820		12,734	200.00	
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0					31.00	
32.00	03200	CORONARY CARE UNIT	0					32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00	
41.00	04100	SUBPROVIDER - IRF	0					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)	0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/24/2020 3:16 pm

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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	95,241,799	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,961,923	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	118,024,788	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	11,474,303	0.000000	56.00
56.01	05601	ULTRASOUND	0	0	0	13,941,660	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	24,799,269	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	60,556,786	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	6,797,272	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	727,337	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,112,097	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,170,259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,146,595	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,518,902	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	21,408,926	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,657,880	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,423,103	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	34,079,799	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	138,984,709	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,697,860	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	9,104,708	0.000000	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0	0	211,651	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,882,615	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	17,702,382	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	106,242,526	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	32,643,065	0.000000	92.00
93.00	04950	SLEEP LAB	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	773,512,214		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	8,857,034	0	11,662,426	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,585,469	0	2,915,964	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,872,529	0	14,736,679	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	1,093,841	0	2,168,747	0	56.00
56.01	05601	ULTRASOUND	0.000000	505,950	0	1,233,286	0	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,761,586	0	3,024,599	0	59.00
60.00	06000	LABORATORY	0.000000	8,828,421	0	4,232,622	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	1,273,082	0	400,654	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	188,095	0	8,311	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,595,529	0	526,885	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,495,334	0	163,874	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	478,945	0	44,422	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	413,720	0	38,555	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,942,805	0	2,784,387	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	313,245	0	144,240	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,503,610	0	1,700,238	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	4,284,118	0	5,481,211	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	21,140,567	0	16,332,104	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,979,195	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	278,199	0	1,522,175	0	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.000000	350	0	45,648	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	4,380	0	494,722	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	18,105	0	5,143,737	0	90.00
91.00	09100	EMERGENCY	0.000000	8,795,943	0	10,461,406	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,186,245	0	4,530,998	0	92.00
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		92,396,297	0	89,797,890	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0250		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/24/2020 3:16 pm	
				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	0.146041	11,662,426	0	0	1,703,192	50.00	
53.00	05300	ANESTHESIOLOGY	0.019638	2,915,964	0	0	57,264	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097003	14,736,679	0	0	1,429,502	54.00	
56.00	05600	RADIOISOTOPE	0.098582	2,168,747	0	0	213,799	56.00	
56.01	05601	ULTRASOUND	0.084891	1,233,286	0	0	104,695	56.01	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.138641	3,024,599	0	0	419,333	59.00	
60.00	06000	LABORATORY	0.155275	4,232,622	0	0	657,220	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105041	400,654	0	0	42,085	62.00	
64.00	06400	INTRAVENOUS THERAPY	1.021436	8,311	0	0	8,489	64.00	
65.00	06500	RESPIRATORY THERAPY	0.166600	526,885	0	0	87,779	65.00	
66.00	06600	PHYSICAL THERAPY	0.303587	163,874	0	0	49,750	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.265393	44,422	0	0	11,789	67.00	
68.00	06800	SPEECH PATHOLOGY	0.392951	38,555	0	0	15,150	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.103658	2,784,387	0	0	288,624	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173112	144,240	0	0	24,970	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.929288	1,700,238	0	0	1,580,011	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376694	5,481,211	170,675	0	2,064,739	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242036	16,332,104	0	55,683	3,952,957	73.00	
74.00	07400	RENAL DIALYSIS	0.312537	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.436327	1,522,175	0	0	664,166	75.00	
76.00	03560	PULMONARY FUNCTION TESTING	0.855952	45,648	0	0	39,072	76.00	
76.97	07697	CARDIAC REHABILITATION	0.519767	494,722	0	0	257,140	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.288109	5,143,737	0	0	1,481,957	90.00	
91.00	09100	EMERGENCY	0.121672	10,461,406	0	70	1,272,860	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338760	4,530,998	0	0	1,534,921	92.00	
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00	
200.00		Subtotal (see instructions)		89,797,890	170,675	55,753	17,961,464	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)		89,797,890	170,675	55,753	17,961,464	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0250		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/24/2020 3:16 pm
			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
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
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	64,292	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,477		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	9		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950	SLEEP LAB	0	0		93.00
200.00		Subtotal (see instructions)	64,292	13,486		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	64,292	13,486		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XIX		Hospital		Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.146041	0	0	524,290	0	50.00	
53.00	05300	ANESTHESIOLOGY	0.019638	0	0	143,846	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097003	0	0	2,478,595	0	54.00	
56.00	05600	RADIOISOTOPE	0.098582	0	0	111,402	0	56.00	
56.01	05601	ULTRASOUND	0.084891	0	0	698,371	0	56.01	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.138641	0	0	216,656	0	59.00	
60.00	06000	LABORATORY	0.155275	0	0	1,414,779	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105041	0	0	104,894	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	1.021436	0	0	530	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.166600	0	0	86,398	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.303587	0	0	69,941	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.265393	0	0	24,804	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.392951	0	0	24,669	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.103658	0	0	344,580	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173112	0	0	16,435	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.929288	0	0	66,149	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376694	0	0	73,786	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242036	0	0	1,935,171	0	73.00	
74.00	07400	RENAL DIALYSIS	0.312537	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.436327	0	0	70,779	0	75.00	
76.00	03560	PULMONARY FUNCTION TESTING	0.855952	0	0	118	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.519767	0	0	22,205	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000	CLINIC	0.288109	0	0	162,519	0	90.00	
91.00	09100	EMERGENCY	0.121672	0	0	6,050,574	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338760	0	0	571,510	0	92.00	
93.00	04950	SLEEP LAB	0.000000	0	0	0	0	93.00	
200.00		Subtotal (see instructions)		0	0	15,213,001	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		0	0	15,213,001	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/24/2020 3:16 pm

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	76,568		50.00
53.00	05300	ANESTHESIOLOGY	0	2,825		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	240,431		54.00
56.00	05600	RADIOISOTOPE	0	10,982		56.00
56.01	05601	ULTRASOUND	0	59,285		56.01
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	30,037		59.00
60.00	06000	LABORATORY	0	219,680		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,018		62.00
64.00	06400	INTRAVENOUS THERAPY	0	541		64.00
65.00	06500	RESPIRATORY THERAPY	0	14,394		65.00
66.00	06600	PHYSICAL THERAPY	0	21,233		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,583		67.00
68.00	06800	SPEECH PATHOLOGY	0	9,694		68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,718		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,845		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	61,471		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,795		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	468,381		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	30,883		75.00
76.00	03560	PULMONARY FUNCTION TESTING	0	101		76.00
76.97	07697	CARDIAC REHABILITATION	0	11,541		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	46,823		90.00
91.00	09100	EMERGENCY	0	736,185		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	193,605		92.00
93.00	04950	SLEEP LAB	0	0		93.00
200.00		Subtotal (see instructions)	0	2,318,619		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2,318,619		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0250

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

Worksheet D-1

Date/Time Prepared:
6/24/2020 3:16 pm

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)	41,273	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	41,273	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)	32,538	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)	10,962	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)	52,250,027	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)	52,250,027	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)	52,250,027	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)	1,265.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,877,454	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	13,877,454	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0250

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

Worksheet D-1

Date/Time Prepared:
6/24/2020 3:16 pm

		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	10,956,990	4,957	2,210.41	1,772	3,916,847
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,047,588
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,841,889
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,406,604
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					767,951
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,174,555
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,667,334
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)					8,735
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,265.96
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,058,161

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0250

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

Worksheet D-1

Date/Time Prepared:
6/24/2020 3:16 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,355,909	52,250,027	0.083367	11,058,161	921,886	90.00
91.00 Nursing School cost	0	52,250,027	0.000000	11,058,161	0	91.00
92.00 Allied health cost	0	52,250,027	0.000000	11,058,161	0	92.00
93.00 All other Medical Education	0	52,250,027	0.000000	11,058,161	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/24/2020 3:16 pm
			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		27,585,800	30.00
31.00	03100	INTENSIVE CARE UNIT		9,705,607	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.146041	8,857,034	1,293,490 50.00
53.00	05300	ANESTHESIOLOGY	0.019638	1,585,469	31,135 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097003	9,872,529	957,665 54.00
56.00	05600	RADIOISOTOPE	0.098582	1,093,841	107,833 56.00
56.01	05601	ULTRASOUND	0.084891	505,950	42,951 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138641	4,761,586	660,151 59.00
60.00	06000	LABORATORY	0.155275	8,828,421	1,370,833 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105041	1,273,082	133,726 62.00
64.00	06400	INTRAVENOUS THERAPY	1.021436	188,095	192,127 64.00
65.00	06500	RESPIRATORY THERAPY	0.166600	5,595,529	932,215 65.00
66.00	06600	PHYSICAL THERAPY	0.303587	1,495,334	453,964 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265393	478,945	127,109 67.00
68.00	06800	SPEECH PATHOLOGY	0.392951	413,720	162,572 68.00
69.00	06900	ELECTROCARDIOLOGY	0.103658	2,942,805	305,045 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173112	313,245	54,226 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.929288	3,503,610	3,255,863 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376694	4,284,118	1,613,802 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242036	21,140,567	5,116,778 73.00
74.00	07400	RENAL DIALYSIS	0.312537	1,979,195	618,572 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.436327	278,199	121,386 75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.855952	350	300 76.00
76.97	07697	CARDIAC REHABILITATION	0.519767	4,380	2,277 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.288109	18,105	5,216 90.00
91.00	09100	EMERGENCY	0.121672	8,795,943	1,070,220 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338760	4,186,245	1,418,132 92.00
93.00	04950	SLEEP LAB	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		92,396,297	20,047,588 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		92,396,297	20,047,588 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/24/2020 3:16 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,788,482	30.00
31.00	03100	INTENSIVE CARE UNIT		687,492	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,378,940	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146041	642,378	50.00
53.00	05300	ANESTHESIOLOGY	0.019638	218,900	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097003	1,070,900	54.00
56.00	05600	RADIOISOTOPE	0.098582	145,618	56.00
56.01	05601	ULTRASOUND	0.084891	145,075	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.138641	244,823	59.00
60.00	06000	LABORATORY	0.155275	1,612,151	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105041	226,665	62.00
64.00	06400	INTRAVENOUS THERAPY	1.021436	33,005	64.00
65.00	06500	RESPIRATORY THERAPY	0.166600	408,666	65.00
66.00	06600	PHYSICAL THERAPY	0.303587	71,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265393	19,405	67.00
68.00	06800	SPEECH PATHOLOGY	0.392951	6,690	68.00
69.00	06900	ELECTROCARDIOLOGY	0.103658	286,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173112	37,935	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.929288	265,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.376694	119,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242036	2,374,209	73.00
74.00	07400	RENAL DIALYSIS	0.312537	73,280	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.436327	37,200	75.00
76.00	03560	PULMONARY FUNCTION TESTING	0.855952	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.519767	365	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.288109	0	90.00
91.00	09100	EMERGENCY	0.121672	990,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.338760	379,535	92.00
93.00	04950	SLEEP LAB	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,410,991	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)		9,410,991	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
6/24/2020 3:16 pm

		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)			19,531,775	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,876,089	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)			237,891	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			190,151	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			206.98	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.90	31.00
32.00	Sum of lines 30 and 31			23.43	32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.54	33.00
34.00	Disproportionate share adjustment (see instructions)			585,159	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/24/2020 3:16 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,028,927	1,892,262	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,517,526	475,650	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,993,176		
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)	30,414,241		
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)		30,414,241	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,241,938	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		32,656,179	
60.00	Primary payer payments		18,080	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		32,638,099	
62.00	Deductibles billed to program beneficiaries		2,419,112	
63.00	Coinurance billed to program beneficiaries		154,473	
64.00	Allowable bad debts (see instructions)		975,082	
65.00	Adjusted reimbursable bad debts (see instructions)		633,803	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		545,164	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,698,317	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-4,151	
70.94	HRR adjustment amount (see instructions)		-164,792	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/24/2020 3:16 pm	
		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)		92,280	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		30,437,094	71.00	
71.01	Sequestration adjustment (see instructions)		608,742	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		29,435,611	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)		392,741	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		481,364	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/24/2020 3:16 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		77,778	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,961,464	2.00
3.00	OPPS payments		15,869,048	3.00
4.00	Outlier payment (see instructions)		22,176	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		77,778	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		226,428	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)		226,428	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)		226,428	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		148,650	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)		77,778	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)		15,891,224	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		34,135	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,843,458	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		13,091,409	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,091,409	30.00
31.00	Primary payer payments		854	31.00
32.00	Subtotal (line 30 minus line 31)		13,090,555	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)		801,203	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		520,782	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		469,009	36.00
37.00	Subtotal (see instructions)		13,611,337	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,611,337	40.00
40.01	Sequestration adjustment (see instructions)		272,227	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		13,245,612	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		93,498	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/24/2020 3:16 pm

		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		29,478,648		13,256,801	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/07/2019	43,037	08/07/2019	11,189	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)		-43,037		-11,189	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)		29,435,611		13,245,612	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		392,741		93,498	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		29,828,352		13,339,110	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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
6/24/2020 3:16 pm

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

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

Provider CCN: 14-0250

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

Worksheet G

Date/Time Prepared:
6/24/2020 3:16 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	449,712,000	0	0	0	1.00
2.00	Temporary investments	106,529,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,620,938,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	637,826,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,815,005,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,363,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,875,340,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,496,988,000	0	0	0	23.00
24.00	Accumulated depreciation	-4,967,768,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,901,923,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,140,565,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,075,876,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,216,441,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	18,933,369,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,863,035,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	77,957,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	767,958,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,708,950,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,729,366,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,796,389,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,525,755,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,234,705,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	11,698,664,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	11,698,664,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	18,933,369,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0250

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

Worksheet G-1

Date/Time Prepared:
6/24/2020 3:16 pm

		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)		-9,070,892				2.00
3.00	Total (sum of line 1 and line 2)		10,233,906,108		0		3.00
4.00	SYSTEM ADJUSTMENT	1,464,757,892		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)		1,464,757,892		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	SYSTEM ADJUSTMENT		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: 14-0250

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/24/2020 3:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	67,566,238		67,566,238	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	67,566,238		67,566,238	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,380,875		23,380,875	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,380,875		23,380,875	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,947,113		90,947,113	17.00
18.00	Ancillary services	243,335,683	369,795,028	613,130,711	18.00
19.00	Outpatient services	39,598,486	126,138,295	165,736,781	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	373,881,282	495,933,323	869,814,605	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		231,923,560		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)		231,923,560		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0250

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

Worksheet G-3

Date/Time Prepared:
6/24/2020 3:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	869,814,605	1.00
2.00	Less contractual allowances and discounts on patients' accounts	649,210,501	2.00
3.00	Net patient revenues (line 1 minus line 2)	220,604,104	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	231,923,560	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,319,456	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	619	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	446,290	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	34,150	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	34,299	21.00
22.00	Rental of hospital space	490,214	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	1,308,862	24.00
25.00	Total other income (sum of lines 6-24)	2,314,434	25.00
26.00	Total (line 5 plus line 25)	-9,005,022	26.00
27.00	OTHER NON-OPERATING EXPENSE	65,870	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	65,870	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-9,070,892	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0250	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/24/2020 3:16 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,217,138	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,800	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)		103.70	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		2,241,938	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