

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: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 4:38 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 6/29/2020	Time: 4:38 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 TRINITY ROCK ISLAND (14-0280) 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) KATIE MARCHIK

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	117,897	-158,827	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	6,543	0		0	3.00
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	-1	0		0	7.00
200.00	Total	0	124,439	-158,827	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: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 4:38 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2701 17TH STREET			PO Box:				1.00	
2.00	City: ROCK ISLAND			State: IL		Zip Code: 61201		County: ROCK ISLAND	
		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			TRINITY ROCK ISLAND	140280	19340	1	06/01/1972	N
4.00	Subprovider - IPF							P	P
5.00	Subprovider - IRF			TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N
6.00	Subprovider - (Other)							P	P
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			TRINITY SKILLED NURSING UNIT	145564	19340		01/22/1987	N
								P	P
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	
21.00	Type of Control (see instructions)						2		
							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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			7	10,563	0	447	1,962	115

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0280

Period:
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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	236	0	29	63		25.00	
					Urban/Rural S	Date of Geogr		
					1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1						26.00	
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2					11/01/2019	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)	Y					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					Y	N	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					N	N	48.00
Teaching Hospitals								
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no 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.	N							57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								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

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

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	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.	N	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.	N	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.	N	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.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	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)			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: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 4:38 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		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	346,311 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	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	H00186	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 4:38 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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001					
142.00	Street: 2701 17TH STREET	PO Box:							
143.00	City: ROCK ISLAND	State: IL		Zip Code:		61201-5351			
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									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
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
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				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		
									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
		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
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)								
168.01	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)								
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00
						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)								
						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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 4:38 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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	05/19/2020	Y	05/19/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
6/29/2020 4:38 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRISTINE	CHARTIER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186	CRISTINE.CHARTIER@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 4:38 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 4:38 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	30.00	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)		236	86,140	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)		236	86,140	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	9	3,285	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		296	108,040	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	6,583		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318				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)		5	1,825			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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 4:38 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)	11,335	0	35,560			1.00
2.00	HMO and other (see instructions)	7,988	13,094				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	472	328				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)	11,335	0	35,560			7.00
8.00	INTENSIVE CARE UNIT	1,721	0	4,828			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	0	1,151			8.01
9.00	CORONARY CARE UNIT	3,218	0	6,838			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		0	1,894			13.00
14.00	Total (see instructions)	16,274	0	50,271	0.00	1,338.26	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	1,171	0	2,529	0.00	15.68	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,409	0	2,602	0.00	13.58	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,367.52	27.00
28.00	Observation Bed Days		1,866	5,737			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			409			30.00
31.00	Employee discount days - IRF			42			31.00
32.00	Labor & delivery days (see instructions)	0	0	529			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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 4:38 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	3,878	0	11,897	1.00
2.00 HMO and other (see instructions)			1,877	3,161		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				21		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,878	0	11,897	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	84	0	176	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 4:38 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	92,704,485	0	92,704,485	2,844,424.00	32.59
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		460,568	0	460,568	2,465.00	186.84
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		17,693,508	0	17,693,508	128,700.00	137.48
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	777,771	0	777,771	28,236.00	27.55
10.00	Excluded area salaries (see instructions)		10,783,128	0	10,783,128	329,315.00	32.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		519,973	0	519,973	6,632.00	78.40
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		49,158	0	49,158	249.00	197.42
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		39,152,020	0	39,152,020	1,243,533.00	31.48
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)		19,406,917	0	19,406,917		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,581,037	0	2,581,037		
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		41,991	0	41,991		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,051,113	0	2,051,113		
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)		6,824,297	0	6,824,297		
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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
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		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	0	0	0	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)		1,572,506	0	1,572,506	7,621.00	206.34	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,265,643	0	1,265,643	53,639.00	23.60	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,179,701	0	2,179,701	144,859.00	15.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,852,512	0	1,852,512	125,304.00	14.78	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,184,636	0	1,184,636	29,312.00	40.41	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,544,103	0	3,544,103	82,907.00	42.75	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	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 4:38 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)	76,583,483	0	76,583,483	2,723,345.00	28.12	1.00
2.00	Excluded area salaries (see instructions)	11,560,899	0	11,560,899	357,551.00	32.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,022,584	0	65,022,584	2,365,794.00	27.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	39,721,151	0	39,721,151	1,250,414.00	31.77	4.00
5.00	Subtotal wage-related costs (see inst.)	26,273,205	0	26,273,205	0.00	40.41	5.00
6.00	Total (sum of lines 3 thru 5)	131,016,940	0	131,016,940	3,616,208.00	36.23	6.00
7.00	Total overhead cost (see instructions)	11,599,101	0	11,599,101	443,642.00	26.15	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
6/29/2020 4:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,491,232	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,105,822	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	480,988	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	90,238	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)	773,656	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	720,201	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,127,155	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	116,486	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	175,280	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,081,058	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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
6/29/2020 4:38 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	519,973	24,081,058	1.00
2.00	Hospital	519,973	24,081,058	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0280

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

Worksheet S-10

Date/Time Prepared:
6/29/2020 4:38 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)		0.248720	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		51,401,923	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		139,272,262	6.00
7.00	Medicaid cost (line 1 times line 6)		34,639,797	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,895,209	3,024,909	7,920,118
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,217,536	3,024,909	4,242,445
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,217,536	3,024,909	4,242,445
			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)		11,575,096	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		937,756	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,442,702	27.01
28.00	Non-Medicare bad debt expense (see instructions)		10,132,394	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,025,075	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,267,520	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,267,520	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
6/29/2020 4:38 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	CAP REL COSTS-BLDG & FIXT		0	0	5,613,734	5,613,734	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	3,958,521	3,958,521	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.01
5.02	00570	ADMITTING	0	0	0	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.03
5.04	00590	A&G	0	102,421,048	102,421,048	-8,650,132	93,770,916	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,265,643	5,910,535	7,176,178	-503,130	6,673,048	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,179,701	2,104,937	4,284,638	-27	4,284,611	9.00
10.00	01000	DIETARY	1,852,512	773,382	2,625,894	-9,728	2,616,166	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,184,636	672,151	1,856,787	-56,619	1,800,168	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	317,592	317,592	0	317,592	14.00
15.00	01500	PHARMACY	3,544,103	16,242,146	19,786,249	-14,473,414	5,312,835	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,536,291	7,343,114	28,879,405	-1,996,228	26,883,177	30.00
31.00	03100	INTENSIVE CARE UNIT	3,699,096	3,275,944	6,975,040	-709,145	6,265,895	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,713,676	533,931	2,247,607	-340,535	1,907,072	31.01
32.00	03200	CORONARY CARE UNIT	2,487,637	1,006,520	3,494,157	-243,350	3,250,807	32.00
41.00	04100	SUBPROVIDER - IRF	812,086	377,054	1,189,140	-9,734	1,179,406	41.00
43.00	04300	NURSERY	0	0	0	772,303	772,303	43.00
44.00	04400	SKILLED NURSING FACILITY	777,771	355,151	1,132,922	-1,954	1,130,968	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,933,963	22,395,464	25,329,427	-15,295,605	10,033,822	50.00
51.00	05100	RECOVERY ROOM	1,815,911	791,164	2,607,075	-69,458	2,537,617	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,912,525	953,306	2,865,831	-582,944	2,282,887	52.00
53.00	05300	ANESTHESIOLOGY	0	1,422,291	1,422,291	168,258	1,590,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,841,730	816,715	2,658,445	-61,727	2,596,718	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	177,354	739,510	916,864	-25,323	891,541	54.01
54.02	03630	ULTRA SOUND	522,301	444,333	966,634	-206,513	760,121	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,313,350	952,334	2,265,684	41,452	2,307,136	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	907,063	608,642	1,515,705	-56,135	1,459,570	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	845,051	845,051	0	845,051	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,860,267	15,094,030	17,954,297	-13,191,518	4,762,779	59.00
60.00	06000	LABORATORY	4,266,955	10,186,092	14,453,047	-598,169	13,854,878	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	989,126	989,126	63.00
64.00	06400	INTRAVENOUS THERAPY	771,565	351,436	1,123,001	1,821,237	2,944,238	64.00
65.00	06500	RESPIRATORY THERAPY	1,914,356	1,111,946	3,026,302	-1,087,885	1,938,417	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,131,796	1,131,796	65.01
66.00	06600	PHYSICAL THERAPY	1,921,195	1,012,055	2,933,250	-354,291	2,578,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	566,941	142,050	708,991	230,178	939,169	67.00
68.00	06800	SPEECH PATHOLOGY	126,466	28,518	154,984	200,041	355,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	796,296	806,530	1,602,826	-166,977	1,435,849	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	446,502	448,257	894,759	-112,920	781,839	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	6,522,499	6,522,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,342,422	23,342,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,331,295	15,331,295	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	721,385	721,385	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	370,568	550,139	920,707	-229,103	691,604	76.00
76.97	07697	CARDIAC REHABILITATION	588,012	530,662	1,118,674	-121,130	997,544	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,715,872	840,423	2,556,295	406,253	2,962,548	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
6/29/2020 4:38 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	
91.00	09100	EMERGENCY	13,911,099	6,918,306	20,829,405	-2,068,994	18,760,411	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,733,443	209,322,759	292,056,202	27,812	292,084,014	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,693	52,834	160,527	0	160,527	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,684,507	3,944,302	12,628,809	-27,812	12,600,997	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	1,106,525	553,865	1,660,390	0	1,660,390	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	72,317	7,253	79,570	0	79,570	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	92,704,485	213,881,013	306,585,498	0	306,585,498	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,140,833	7,754,567	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-407,373	3,551,148	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,511,232	1,511,232	5.01
5.02	00570	ADMITTING	2,679,607	2,679,607	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,655,410	2,655,410	5.03
5.04	00590	A&G	-47,067,220	46,703,696	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,481,011	14,154,059	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	167,043	4,451,654	9.00
10.00	01000	DIETARY	-53,302	2,562,864	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,888,354	3,688,522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,479,085	1,796,677	14.00
15.00	01500	PHARMACY	-582,379	4,730,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,318,895	1,318,895	16.00
17.00	01700	SOCIAL SERVICE	3,739,536	3,739,536	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,871,528	17,011,649	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,140,480	4,125,415	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-604,216	1,302,856	31.01
32.00	03200	CORONARY CARE UNIT	-1,600	3,249,297	32.00
41.00	04100	SUBPROVIDER - IRF	-77,498	1,101,908	41.00
43.00	04300	NURSERY	0	772,303	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,130,968	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	680,530	10,714,352	50.00
51.00	05100	RECOVERY ROOM	-756	2,536,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-471,598	1,811,289	52.00
53.00	05300	ANESTHESIOLOGY	-1,376,799	213,750	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	185,479	2,782,197	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	891,541	54.01
54.02	03630	ULTRA SOUND	-14,937	745,184	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	557,772	2,864,908	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	60,161	1,519,731	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-209	844,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,253,871	3,508,908	59.00
60.00	06000	LABORATORY	-1,311,632	12,543,246	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	989,126	63.00
64.00	06400	INTRAVENOUS THERAPY	-51,473	2,892,765	64.00
65.00	06500	RESPIRATORY THERAPY	-2,435	1,935,982	65.00
65.01	03560	PULMONARY FUNCTION TESTING	-35,306	1,096,490	65.01
66.00	06600	PHYSICAL THERAPY	-77,584	2,501,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	939,169	67.00
68.00	06800	SPEECH PATHOLOGY	0	355,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-269,899	1,165,950	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-68,853	712,986	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,522,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,342,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,331,295	73.00
74.00	07400	RENAL DIALYSIS	-107,577	613,808	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	-1,661	689,943	76.00
76.97	07697	CARDIAC REHABILITATION	-32,937	964,607	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-97,144	2,865,404	90.00
91.00	09100	EMERGENCY	-9,177,996	9,582,415	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0280

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

Worksheet A

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-48,613,315	243,470,699	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	160,527	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,400	12,599,597	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	-52	1,660,338	192.06
194.00	07950	NON REIMBURSABLE	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	194.02
194.03	07953	PRECEDENCE	0	0	194.03
194.04	07954	CALL CENTER	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957	RESEARCH	0	79,570	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-48,614,767	257,970,731	200.00

RECLASSIFICATIONS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
6/29/2020 4:38 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,958,521		1.00
	0		0	3,958,521		
	D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	733,411		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	733,411		
	F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,331,295		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
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	15,331,295		
	G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	24,463		1.00
2.00		0.00	0	0		2.00
	0		0	24,463		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	6,522,499		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
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	6,522,499		
	I - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	23,342,422		1.00
2.00		0.00	0	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 4:38 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	23,342,422		
K - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,589,271		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
0			0	5,589,271		
L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	914,075	336,535		1.00
2.00	CORONARY CARE UNIT	32.00	77,231	33,755		2.00
3.00	NURSERY	43.00	570,332	201,971		3.00
4.00	OPERATING ROOM	50.00	895,926	489,552		4.00
5.00	RECOVERY ROOM	51.00	12,408	6,762		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	233,001	560,465		6.00
7.00	ANESTHESIOLOGY	53.00	124,156	77,960		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	35,626	37,660		8.00
9.00	ULTRA SOUND	54.02	78,522	75,993		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	158,663	89,970		10.00
11.00	LABORATORY	60.00	106,508	58,167		11.00
12.00	BLOOD STORING, PROCESSING & TRANS.	63.00	179,873	75,842		12.00
13.00	INTRAVENOUS THERAPY	64.00	1,740,568	853,603		13.00
14.00	RESPIRATORY THERAPY	65.00	58,287	52,598		14.00
15.00	PULMONARY FUNCTION TESTING	65.01	715,992	415,804		15.00
16.00	OCCUPATIONAL THERAPY	67.00	133,712	96,466		16.00
17.00	SPEECH PATHOLOGY	68.00	129,904	70,137		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	89,051	63,602		18.00
19.00	RENAL DIALYSIS	74.00	447,753	273,632		19.00
20.00	CLINIC	90.00	687,297	358,267		20.00
21.00	EMERGENCY	91.00	132,071	42,845		21.00
0			7,520,956	4,271,586		
500.00	Grand Total: Increases		7,520,956	59,773,468		500.00

RECLASSIFICATIONS

Provider CCN: 14-0280

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 4:38 pm

	Decreases						6/29/2020 4:38 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BENEFIT ALLOCATION						
1.00	A&G	5.04	0	3,958,521	0		1.00
	0		0	3,958,521			
	D - BLOOD						
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,884	0		2.00
3.00	OPERATING ROOM	50.00	0	28,895	0		3.00
4.00	LABORATORY	60.00	0	687,601	0		4.00
5.00	CARDIAC REHABILITATION	76.97	0	31	0		5.00
	0		0	733,411			
	F - DRUGS						
1.00	HOUSEKEEPING	9.00	0	27	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	86	0		2.00
3.00	PHARMACY	15.00	0	14,379,230	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	134,892	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	68,957	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	4,999	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	31,829	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,839	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	1,308	0		9.00
10.00	OPERATING ROOM	50.00	0	140,700	0		10.00
11.00	RECOVERY ROOM	51.00	0	82,670	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,596	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	33,858	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,157	0		14.00
15.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	953	0		15.00
16.00	ULTRA SOUND	54.02	0	92	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	18,315	0		17.00
18.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	7,006	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	76,371	0		19.00
20.00	LABORATORY	60.00	0	415	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	32,902	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	3,790	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	908	0		23.00
24.00	CARDIOLOGY	69.01	0	13,418	0		24.00
26.00	GASTRO INTESTINAL SERVICES	76.00	0	13,032	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	19	0		27.00
28.00	CLINIC	90.00	0	23,608	0		28.00
29.00	EMERGENCY	91.00	0	227,318	0		29.00
	0		0	15,331,295			
	G - PROPERTY TAX						
1.00	PHYSICAL THERAPY	66.00	0	5,539	13		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,924	0		2.00
	0		0	24,463			
	H - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	1,827	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,995	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	817	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	10,826	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	18,547	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	7,895	0		6.00
7.00	OPERATING ROOM	50.00	0	2,884,949	0		7.00
8.00	GASTRO INTESTINAL SERVICES	76.00	0	99,938	0		8.00
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	31,338	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	160	0		10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	3,922	0		11.00
12.00	ULTRA SOUND	54.02	0	8,805	0		12.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,528,411	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,201	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	34,430	0		17.00
18.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	800	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,488	0		19.00
20.00	OPERATING ROOM	50.00	0	1,685,194	0		20.00
21.00	ULTRA SOUND	54.02	0	78,708	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45,749	0		22.00
23.00	CLINIC	90.00	0	480	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	32,019	0		24.00
	0		0	6,522,499			

RECLASSIFICATIONS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
6/29/2020 4:38 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - IMPLANTABLES						
1.00	ADULTS & PEDIATRICS	30.00	0	23,740	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	22,763	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,553	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	17,186	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	21,931	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	30,817	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	646	0		7.00
8.00	OPERATING ROOM	50.00	0	8,446,948	0		8.00
9.00	GASTRO INTESTINAL SERVICES	76.00	0	35,459	0		9.00
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	5,352	0		10.00
11.00	ULTRA SOUND	54.02	0	243	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	10,912,765	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	224,632	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	598	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,703	0		15.00
16.00	OPERATING ROOM	50.00	0	3,494,397	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11	0		17.00
18.00	CLINIC	90.00	0	42,089	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,589	0		19.00
	0			23,342,422			
	K - DEPRECIATION						
1.00	A&G	5.04	0	4,691,611	9		1.00
2.00	OPERATION OF PLANT	7.00	0	503,130	0		2.00
3.00	DIETARY	10.00	0	9,728	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	56,533	0		4.00
5.00	PHARMACY	15.00	0	94,184	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	26,198	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	4,172	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	4,085	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,057	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,753	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	12,439	0		11.00
12.00	LABORATORY	60.00	0	74,828	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	16,978	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	2,844	0		14.00
15.00	CARDIOLOGY	69.01	0	122	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,050	0		16.00
17.00	GASTRO INTESTINAL SERVICES	76.00	0	3,552	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	10,195	0		18.00
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	27,812	0		19.00
	0		0	5,589,271			
	L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	2,090,023	912,365	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	379,962	173,933	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	239,141	95,595	0		3.00
4.00	CORONARY CARE UNIT	32.00	216,975	83,444	0		4.00
5.00	RECOVERY ROOM	51.00	4,132	1,826	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	864,254	418,369	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	44,803	31,076	0		7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	4,009	16,439	0		8.00
9.00	ULTRA SOUND	54.02	164,542	108,638	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	68,539	42,966	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	285,034	163,104	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	516,156	206,898	0		12.00
13.00	RESPIRATORY THERAPY	65.00	747,636	412,914	0		13.00
14.00	PHYSICAL THERAPY	66.00	200,684	144,316	0		14.00
15.00	CARDIOLOGY	69.01	89,398	64,039	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	111,579	112,020	0		16.00
17.00	GASTRO INTESTINAL SERVICES	76.00	37,006	40,116	0		17.00
18.00	CARDIAC REHABILITATION	76.97	58,287	52,598	0		18.00
19.00	CLINIC	90.00	433,498	139,636	0		19.00
20.00	EMERGENCY	91.00	965,298	1,051,294	0		20.00
21.00		0.00	0	0	0		21.00
	0		7,520,956	4,271,586			
500.00	Grand Total: Decreases		7,520,956	59,773,468			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
6/29/2020 4:38 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	6,909,905	60,267	0	60,267	0	1.00	
2.00	Land Improvements	9,550,480	1,169,302	0	1,169,302	727,470	2.00	
3.00	Buildings and Fixtures	290,164,300	10,780,123	0	10,780,123	0	3.00	
4.00	Building Improvements	220,157	0	0	0	0	4.00	
5.00	Fixed Equipment	2,483,520	553,209	0	553,209	0	5.00	
6.00	Movable Equipment	105,904,673	10,169,737	0	10,169,737	2,084,427	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	415,233,035	22,732,638	0	22,732,638	2,811,897	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	415,233,035	22,732,638	0	22,732,638	2,811,897	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,970,172	0				1.00	
2.00	Land Improvements	9,992,312	0				2.00	
3.00	Buildings and Fixtures	300,944,423	0				3.00	
4.00	Building Improvements	220,157	0				4.00	
5.00	Fixed Equipment	3,036,729	0				5.00	
6.00	Movable Equipment	113,989,983	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	435,153,776	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	435,153,776	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
6/29/2020 4:38 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
6/29/2020 4:38 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	CAP REL COSTS-BLDG & FIXT	278,457,248	0	278,457,248	0.736296	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	99,729,074	0	99,729,074	0.263704	0	2.00
3.00	Total (sum of lines 1-2)	378,186,322	0	378,186,322	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	CAP REL COSTS-BLDG & FIXT	0	0	0	7,730,104	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,730,104	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	24,463	0	7,754,567	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	24,463	0	7,754,567	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 4:38 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-25,658,144			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	-12,678,440			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	A		0DIETARY	10.00	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	B		0PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-53,302	0DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH 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: 14-0280

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 4:38 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 ADJUSTMENTS (SPECIFY)		0			0.00	0	33.00
	(3)							
33.01	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.01
	(3)							
33.02	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.02
	(3)							
33.03	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.03
	(3)							
33.04	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.04
	(3)							
33.05	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.05
	(3)							
33.06	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.06
	(3)							
34.00	OFFSET PROVIDER TAX	A	-11,084,851	A&G		5.04	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	35.00
	(3)							
36.00	BOND AMORTIZATION	A	135,067	A&G		5.04	0	36.00
37.00	SISTER BENEFITS	A	28,484	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.00
37.01	NONALLOWABLE EXPENSE	A	-26,350	PHARMACY		15.00	0	37.01
37.02	NONALLOWABLE EXPENSE	A	-404	ADULTS & PEDIATRICS		30.00	0	37.02
37.03	NONALLOWABLE EXPENSE	A	-27	NEONATAL INTENSIVE CARE UNIT		31.01	0	37.03
37.04	NONALLOWABLE EXPENSE	A	-318	DELIVERY ROOM & LABOR ROOM		52.00	0	37.04
37.05	NONALLOWABLE EXPENSE	A	-50	RADIOLOGY-DIAGNOSTIC		54.00	0	37.05
37.06	NONALLOWABLE EXPENSE	A	-22	ULTRA SOUND		54.02	0	37.06
37.07	NONALLOWABLE EXPENSE	A	-6,796	RADIOLOGY-THERAPEUTIC		55.00	0	37.07
37.08	NONALLOWABLE EXPENSE	A	-452	INTRAVENOUS THERAPY		64.00	0	37.08
37.09	NONALLOWABLE EXPENSE	A	-4,324	PHYSICAL THERAPY		66.00	0	37.09
37.10	NONALLOWABLE EXPENSE	A	-338	ELECTROENCEPHALOGRAPHY		70.00	0	37.10
37.11	NONALLOWABLE EXPENSE	A	-52	ONCOLOGY CLINIC		192.06	0	37.11
37.12	MISC INCOME OFFSET	B	-1,073	A&G		5.04	0	37.12
37.13	MISC INCOME OFFSET	B	-13,800	OPERATION OF PLANT		7.00	0	37.13
37.14	MISC INCOME OFFSET	B	-6,545	HOUSEKEEPING		9.00	0	37.14
37.15	MISC INCOME OFFSET	B	-521,422	PHARMACY		15.00	0	37.15
37.16	MISC INCOME OFFSET	B	-1,320	ADULTS & PEDIATRICS		30.00	0	37.16
37.17	MISC INCOME OFFSET	B	-21,315	NEONATAL INTENSIVE CARE UNIT		31.01	0	37.17
38.00	MISC INCOME OFFSET	B	-60	OPERATING ROOM		50.00	0	38.00
39.00	MISC INCOME OFFSET	B	-2,880	DELIVERY ROOM & LABOR ROOM		52.00	0	39.00
40.00	MISC INCOME OFFSET	B	-4,650	RADIOLOGY-DIAGNOSTIC		54.00	0	40.00
40.06	MISC INCOME OFFSET	B	-3,387	COMPUTED TOMOGRAPHY (CT)		57.00	0	40.06
				SCAN				
40.07	MISC INCOME OFFSET	B	-209	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	40.07
40.08	MISC INCOME OFFSET	B	-14,143	CARDIAC CATHETERIZATION		59.00	0	40.08
40.09	MISC INCOME OFFSET	B	-1,410,991	LABORATORY		60.00	0	40.09
40.10	MISC INCOME OFFSET	B	-9,979	PHYSICAL THERAPY		66.00	0	40.10
41.00	MISC INCOME OFFSET	B	-10,850	CARDIOLOGY		69.01	0	41.00
42.00	MISC INCOME OFFSET	B	10	ELECTROENCEPHALOGRAPHY		70.00	0	42.00
42.01	MISC INCOME OFFSET	B	-34,509	CARDIAC REHABILITATION		76.97	0	42.01
42.02	MISC INCOME OFFSET	B	-150	CLINIC		90.00	0	42.02
42.03	MISC INCOME OFFSET	B	-559,934	EMERGENCY		91.00	0	42.03
44.00	PART TIME TUITION	A	-6,100	ADULTS & PEDIATRICS		30.00	0	44.00
44.01	PART TIME TUITION	A	-1,400	PHYSICIANS' PRIVATE OFFICES		192.00	0	44.01
44.02	PART TIME TUITION	A	-1,000	A&G		5.04	0	44.02
44.03	AHA DEPR	A	2,140,833	CAP REL COSTS-BLDG & FIXT		1.00	9	44.03
44.06	AHA DEPR	A	-174,913	A&G		5.04	0	44.06
44.07	AHA DEPR	A	9,000	OPERATION OF PLANT		7.00	0	44.07
44.08	AHA DEPR	A	-85,621	NURSING ADMINISTRATION		13.00	0	44.08
44.09	AHA DEPR	A	-34,607	PHARMACY		15.00	0	44.09
44.10	AHA DEPR	A	9,419	ADULTS & PEDIATRICS		30.00	0	44.10
44.11	AHA DEPR	A	-1,600	CORONARY CARE UNIT		32.00	0	44.11
44.12	AHA DEPR	A	247	SUBPROVIDER - IRF		41.00	0	44.12
44.13	AHA DEPR	A	25,764	OPERATING ROOM		50.00	0	44.13
44.14	AHA DEPR	A	-651	RECOVERY ROOM		51.00	0	44.14
44.15	AHA DEPR	A	21,809	DELIVERY ROOM & LABOR ROOM		52.00	0	44.15
44.16	AHA DEPR	A	217,439	RADIOLOGY-DIAGNOSTIC		54.00	0	44.16
44.17	AHA DEPR	A	564,568	RADIOLOGY-THERAPEUTIC		55.00	0	44.17
44.18	AHA DEPR	A	63,548	COMPUTED TOMOGRAPHY (CT)		57.00	0	44.18
				SCAN				
44.19	AHA DEPR	A	92,622	CARDIAC CATHETERIZATION		59.00	0	44.19

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0280

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 4:38 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	
44.20	AHA DEPR	A	99,468	LABORATORY	60.00	0	44.20
44.21	AHA DEPR	A	17,369	INTRAVENOUS THERAPY	64.00	0	44.21
44.22	AHA DEPR	A	65,017	CARDIOLOGY	69.01	0	44.22
44.23	AHA DEPR	A	7,340	GASTRO INTESTINAL SERVICES	76.00	0	44.23
44.24	AHA DEPR	A	5,896	CARDIAC REHABILITATION	76.97	0	44.24
44.25	AHA DEPR	A	318,312	EMERGENCY	91.00	0	44.25
44.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.28
44.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.29
44.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.30
44.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.31
44.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.32
44.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.33
44.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.34
44.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.35
44.36	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.36
44.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.37
44.38	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.38
44.39	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.39
44.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.40
44.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.42
44.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-48,614,767				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: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 4:38 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	5.04	A&G	TRHS	50,091,106	86,031,556	1.00
2.00	5.01	PURCHASING RECEIVING AND STO	TRHS	1,511,232	0	2.00
3.00	5.02	ADMITTING	TRHS	2,679,607	0	3.00
4.00	5.03	CASHIERING/ACCOUNTS RECEIVAB	TRHS	2,655,410	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS	-435,857	0	4.01
4.02	7.00	OPERATION OF PLANT	TRHS	7,485,811	0	4.02
4.03	9.00	HOUSEKEEPING	TRHS	173,588	0	4.03
4.04	13.00	NURSING ADMINISTRATION	TRHS	1,973,975	0	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	TRHS	1,479,085	0	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	TRHS	1,318,895	0	4.06
4.07	17.00	SOCIAL SERVICE	TRHS	3,739,536	0	4.07
4.08	50.00	OPERATING ROOM	TRHS	680,728	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.21	0.00			0	0	4.21
5.00	0		0	73,353,116	86,031,556	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	B	UNITYPOINT HEAL	100.00		0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	TRINITY REGIONAL HEALTH SYSTEM	100.00	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: 14-0280

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 4:38 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	-35,940,450	0		1.00
2.00	1,511,232	0		2.00
3.00	2,679,607	0		3.00
4.00	2,655,410	0		4.00
4.01	-435,857	0		4.01
4.02	7,485,811	0		4.02
4.03	173,588	0		4.03
4.04	1,973,975	0		4.04
4.05	1,479,085	0		4.05
4.06	1,318,895	0		4.06
4.07	3,739,536	0		4.07
4.08	680,728	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.21	0	0		4.21
5.00	-12,678,440			5.00

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

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

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

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

6.00			6.00
7.00	HEALTH SYSTEM		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: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 4:38 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	9,910,237	9,860,462	49,775	211,500	365	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	2,140,480	2,140,480	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	582,874	582,874	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	77,745	77,745	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	25,902	25,902	0	0	0	6.00
7.00	51.00	AGGREGATE-RECOVERY ROOM	105	105	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	490,209	490,209	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,387,781	1,366,121	21,660	211,500	108	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	27,260	27,260	0	0	0	10.00
11.00	54.02	AGGREGATE-ULTRA SOUND	14,915	14,915	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,332,350	1,332,350	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	109	109	0	0	0	13.00
14.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	68,390	68,390	0	0	0	14.00
15.00	65.00	AGGREGATE-RESPIRATORY THERAPY	2,435	2,435	0	0	0	15.00
16.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	35,306	35,306	0	0	0	16.00
17.00	66.00	AGGREGATE-PHYSICAL THERAPY	63,281	63,281	0	0	0	17.00
18.00	69.01	AGGREGATE-CARDIOLOGY	324,066	324,066	0	0	0	18.00
19.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	68,525	68,525	0	0	0	19.00
20.00	74.00	AGGREGATE-RENAL DIALYSIS	107,577	107,577	0	0	0	20.00
21.00	76.00	AGGREGATE-GASTRO INTESTINAL SERVICES	9,001	9,001	0	0	0	21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	4,324	4,324	0	0	0	22.00
23.00	90.00	AGGREGATE-CLINIC	111,331	83,833	27,498	211,500	141	23.00
24.00	91.00	AGGREGATE-EMERGENCY	9,149,908	8,697,123	452,785	211,500	2,100	24.00
200.00			25,934,111	25,382,393	551,718		2,714	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	37,114	1,856	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	51.00	AGGREGATE-RECOVERY ROOM	0	0	0	0	0	7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	10,982	549	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	0	0	11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	13.00
14.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	14.00
15.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	0	0	0	0	0	16.00
17.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	17.00
18.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	18.00
19.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	19.00
20.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	20.00
21.00	76.00	AGGREGATE-GASTRO INTESTINAL SERVICES	0	0	0	0	0	21.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0280

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

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 4:38 pm

	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	
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	22.00
23.00	90.00	AGGREGATE-CLINIC	14,337	717	0	0	0	23.00
24.00	91.00	AGGREGATE-EMERGENCY	213,534	10,677	0	0	0	24.00
200.00			275,967	13,799	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	37,114	12,661	9,873,123		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	2,140,480		2.00
3.00	31.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	582,874		3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	77,745		4.00
5.00	0.00		0	0	0	0		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	25,902		6.00
7.00	51.00	AGGREGATE-RECOVERY ROOM	0	0	0	105		7.00
8.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	490,209		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	10,982	10,678	1,376,799		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	27,260		10.00
11.00	54.02	AGGREGATE-ULTRA SOUND	0	0	0	14,915		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	1,332,350		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	0	0	109		13.00
14.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	68,390		14.00
15.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	2,435		15.00
16.00	65.01	AGGREGATE-PULMONARY FUNCTION TESTING	0	0	0	35,306		16.00
17.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	63,281		17.00
18.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	324,066		18.00
19.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	68,525		19.00
20.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	107,577		20.00
21.00	76.00	AGGREGATE-GASTRO INTESTINAL SERVICES	0	0	0	9,001		21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	4,324		22.00
23.00	90.00	AGGREGATE-CLINIC	0	14,337	13,161	96,994		23.00
24.00	91.00	AGGREGATE-EMERGENCY	0	213,534	239,251	8,936,374		24.00
200.00			0	275,967	275,751	25,658,144		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,754,567	7,754,567			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,551,148	20,105	0	3,571,253	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,511,232	0	0	0	5.01
5.02	00570	ADMITTING	2,679,607	111,683	0	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,655,410	48,982	0	0	5.03
5.04	00590	A&G	46,703,696	1,307,986	0	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	14,154,059	900,549	0	48,756	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,451,654	65,978	0	83,969	9.00
10.00	01000	DIETARY	2,562,864	202,834	0	71,364	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,688,522	25,888	0	45,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,796,677	206,176	0	0	14.00
15.00	01500	PHARMACY	4,730,456	96,052	0	136,529	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,318,895	14,972	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,739,536	22,296	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,011,649	848,532	0	784,338	30.00
31.00	03100	INTENSIVE CARE UNIT	4,125,415	110,440	0	127,863	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,302,856	30,808	0	56,804	31.01
32.00	03200	CORONARY CARE UNIT	3,249,207	101,529	0	90,448	32.00
41.00	04100	SUBPROVIDER - IRF	1,101,908	77,608	0	31,284	41.00
43.00	04300	NURSERY	772,303	45,297	0	21,971	43.00
44.00	04400	SKILLED NURSING FACILITY	1,130,968	0	0	29,962	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,714,352	467,952	0	147,539	50.00
51.00	05100	RECOVERY ROOM	2,536,861	119,935	0	70,273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,811,289	180,966	0	49,358	52.00
53.00	05300	ANESTHESIOLOGY	213,750	7,853	0	4,783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,782,197	225,297	0	70,595	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	891,541	16,959	0	6,678	54.01
54.02	03630	ULTRA SOUND	745,184	19,288	0	16,807	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,864,908	80,096	0	54,066	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,519,731	11,352	0	34,943	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	844,842	14,369	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,508,908	225,232	0	99,206	59.00
60.00	06000	LABORATORY	12,543,246	134,759	0	168,479	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	989,126	9,904	0	6,929	63.00
64.00	06400	INTRAVENOUS THERAPY	2,892,765	143,920	0	76,891	64.00
65.00	06500	RESPIRATORY THERAPY	1,935,982	34,493	0	47,191	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,096,490	25,786	0	27,582	65.01
66.00	06600	PHYSICAL THERAPY	2,501,375	25,693	0	66,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	939,169	17,404	0	26,991	67.00
68.00	06800	SPEECH PATHOLOGY	355,025	13,106	0	9,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,165,950	88,914	0	27,232	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	712,986	14,907	0	16,333	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,522,499	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,342,422	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,331,295	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	613,808	18,499	0	17,249	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	689,943	25,108	0	12,850	76.00
76.97	07697	CARDIAC REHABILITATION	964,607	47,896	0	20,407	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,865,404	133,812	0	75,878	6,722	90.00
91.00	09100	EMERGENCY	9,582,415	193,747	0	503,799	19,898	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,470,699	6,534,962	0	3,187,138	1,499,743	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	160,527	24,718	0	4,149	4	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,599,597	179,592	0	334,553	7,360	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	26,946	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	1,660,338	28,106	0	42,627	4,118	192.06
194.00	07950	NON REIMBURSABLE	0	951,267	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	79,570	8,976	0	2,786	7	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	257,970,731	7,754,567	0	3,571,253	1,511,232	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	2,791,290					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,704,392				5.03
5.04	00590	A&G	0	0	48,011,684	48,011,684		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	15,119,664	3,457,444	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,621,574	1,056,825	0	9.00
10.00	01000	DIETARY	0	0	2,837,062	648,757	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,760,686	859,964	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,002,854	457,997	0	14.00
15.00	01500	PHARMACY	0	0	5,009,433	1,145,517	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,333,867	305,018	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,761,832	860,226	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,817	140,310	18,981,700	4,340,583	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,044	32,985	4,450,145	1,017,624	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,677	5,501	1,405,831	321,474	0	31.01
32.00	03200	CORONARY CARE UNIT	37,429	36,264	3,526,670	806,451	0	32.00
41.00	04100	SUBPROVIDER - IRF	10,765	10,430	1,235,440	282,511	0	41.00
43.00	04300	NURSERY	6,019	5,832	851,422	194,696	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,340	8,080	1,179,561	269,733	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	284,352	275,478	12,609,568	2,883,455	0	50.00
51.00	05100	RECOVERY ROOM	29,240	28,330	2,793,857	638,877	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,658	16,139	2,077,364	475,035	0	52.00
53.00	05300	ANESTHESIOLOGY	32,198	31,196	289,966	66,307	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,521	79,953	3,243,171	741,622	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	10,241	9,923	991,183	226,656	0	54.01
54.02	03630	ULTRA SOUND	21,458	20,790	827,363	189,195	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	130,394	126,336	3,262,448	746,031	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	219,379	212,551	2,015,650	460,923	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,595	16,079	891,901	203,953	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	277,632	268,991	4,580,327	1,047,393	0	59.00
60.00	06000	LABORATORY	235,744	228,406	13,406,078	3,065,595	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,153	7,899	1,022,011	233,705	0	63.00
64.00	06400	INTRAVENOUS THERAPY	65,666	63,622	3,245,054	742,053	0	64.00
65.00	06500	RESPIRATORY THERAPY	56,983	55,209	2,131,293	487,367	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	26,756	25,923	1,202,537	274,987	0	65.01
66.00	06600	PHYSICAL THERAPY	31,358	30,382	2,656,140	607,385	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,747	16,226	1,016,672	232,484	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,783	4,635	387,446	88,598	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	51,776	50,164	1,389,266	317,686	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,689	16,169	779,603	178,273	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	121,336	117,559	6,893,070	1,576,252	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	185,028	179,269	23,739,846	5,428,563	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,054	275,213	15,890,562	3,633,727	0	73.00
74.00	07400	RENAL DIALYSIS	6,190	5,998	661,744	151,322	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	11,738	11,373	753,115	172,216	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,652	11,290	1,058,390	242,024	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,296	44,855	3,172,967	725,569	0	90.00
91.00	09100	EMERGENCY	242,582	235,032	10,777,473	2,464,506	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,791,290	2,704,392	241,855,490	44,326,579	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	189,398	43,310	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,121,102	3,000,429	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	26,946	6,162	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	1,735,189	396,789	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	951,267	217,528	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	91,339	20,887	0	194.07
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,791,290	2,704,392	257,970,731	48,011,684	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	18,577,108					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	228,447	0	5,906,846			9.00
10.00	01000	DIETARY	702,310	0	226,089	4,414,218		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	89,637	0	28,856	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	713,880	0	229,814	0	0	14.00
15.00	01500	PHARMACY	332,578	0	107,064	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,841	0	16,689	0	0	16.00
17.00	01700	SOCIAL SERVICE	77,199	0	24,852	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,938,021	0	945,815	2,765,725	0	30.00
31.00	03100	INTENSIVE CARE UNIT	382,394	0	123,101	375,497	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	106,671	0	34,340	0	0	31.01
32.00	03200	CORONARY CARE UNIT	351,541	0	113,169	531,843	0	32.00
41.00	04100	SUBPROVIDER - IRF	268,717	0	86,506	196,694	0	41.00
43.00	04300	NURSERY	156,840	0	50,490	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	202,371	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,620,275	0	521,603	0	0	50.00
51.00	05100	RECOVERY ROOM	415,273	0	133,686	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	626,589	0	201,713	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,190	0	8,753	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	780,087	0	251,128	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	58,719	0	18,903	3,507	0	54.01
54.02	03630	ULTRA SOUND	66,786	0	21,500	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	277,331	0	89,279	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39,306	0	12,654	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49,752	0	16,016	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	779,862	0	251,055	0	0	59.00
60.00	06000	LABORATORY	466,600	0	150,209	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,293	0	11,040	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	498,321	0	160,421	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	119,430	0	38,447	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	89,283	0	28,742	0	0	65.01
66.00	06600	PHYSICAL THERAPY	88,962	0	28,639	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,261	0	19,399	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	45,381	0	14,609	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	307,863	0	99,108	93,944	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	51,616	0	16,616	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	64,054	0	20,620	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	86,937	0	27,987	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	165,839	0	53,387	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	463,321	0	149,154	1,312	0	90.00
91.00	09100	EMERGENCY	670,845	0	215,960	75,750	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,354,252	0	4,547,413	4,246,643	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,587	0	27,552	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	621,833	0	200,182	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	93,301	0	30,036	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	97,318	0	31,329	0	0	192.06
194.00	07950	NON REIMBURSABLE	3,293,738	0	1,060,329	167,575	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	31,079	0	10,005	0	0	194.07
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)	18,577,108	0	5,906,846	4,414,218	0	202.00

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,739,143			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,404,545		14.00
15.00	01500	PHARMACY	0	0	0	107,140	6,701,732	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,123,785	120,206	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	578,714	44,794	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	141,170	9,665	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	593,771	27,233	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	209,227	7,956	0	41.00
43.00	04300	NURSERY	0	0	131,284	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	161,807	5,106	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	145,923	1,662,391	0	50.00
51.00	05100	RECOVERY ROOM	0	0	1,783	21,286	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	187,679	6,821	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,119	430	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,024	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	128,951	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	8,859	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,353	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	40,861	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	37	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	462,676	0	59.00
60.00	06000	LABORATORY	0	0	0	220,404	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	36,444	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	193,850	5,058	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,314	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	14,068	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,432	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	313	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	14,485	49	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	12,078	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,816	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	304,071	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	76,499	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,672,355	73.00
74.00	07400	RENAL DIALYSIS	0	0	108,260	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	4,855	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,862	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	83,774	15,524	0	90.00
91.00	09100	EMERGENCY	0	0	0	45,950	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	4,739,143	3,378,014	6,672,355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,996	29,377	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	9,509	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	16	0	194.07
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)	0	0	4,739,143	3,404,545	6,701,732	202.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00560	PURCHASING RECEIVING AND STORES							5.01
5.02	00570	ADMITTING							5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE							5.03
5.04	00590	A&G							5.04
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
11.01	01101	EMPLOYEE CAFETERIA							11.01
12.00	01200	MAINTENANCE OF PERSONNEL							12.00
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	1,707,415						16.00
17.00	01700	SOCIAL SERVICE	0	4,724,109					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0	0	0			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0		0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0				23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	88,596	3,032,188	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,828	411,682	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,473	98,145	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	22,898	583,074	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	6,586	215,647	0	0	0	0	41.00
43.00	04300	NURSERY	3,682	161,501	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,102	221,872	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	173,718	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	17,888	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,191	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,698	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,485	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	6,266	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	13,128	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	79,773	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	134,212	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,153	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,850	0	0	0	0	0	59.00
60.00	06000	LABORATORY	144,223	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,988	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	40,173	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,861	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	16,369	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	19,185	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,246	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,926	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	31,675	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,210	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	74,231	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	113,196	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,778	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,787	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	7,181	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,129	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	28,323	0	0	0	0	0	90.00

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00		
91.00	09100	EMERGENCY	148,407	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,707,415	4,724,109	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,707,415	4,724,109	0	0	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)		0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH			0			23.01
23.02	02302	PARAMED PROGRAM-EMS				0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE					0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM - (RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,336,619	0	35,336,619	30.00
31.00	03100	INTENSIVE CARE UNIT	7,404,779	0	7,404,779	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,120,769	0	2,120,769	31.01
32.00	03200	CORONARY CARE UNIT	6,556,650	0	6,556,650	32.00
41.00	04100	SUBPROVIDER - IRF	2,509,284	0	2,509,284	41.00
43.00	04300	NURSERY	1,549,915	0	1,549,915	43.00
44.00	04400	SKILLED NURSING FACILITY	2,045,552	0	2,045,552	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,616,933	0	19,616,933	50.00
51.00	05100	RECOVERY ROOM	4,022,650	0	4,022,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,585,392	0	3,585,392	52.00
53.00	05300	ANESTHESIOLOGY	425,463	0	425,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,517	0	5,072,517	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,434,185	0	1,434,185	54.01
54.02	03630	ULTRA SOUND	1,126,831	0	1,126,831	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,470,215	0	4,470,215	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,703,606	0	2,703,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,171,812	0	1,171,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,291,163	0	7,291,163	59.00
60.00	06000	LABORATORY	17,453,109	0	17,453,109	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,342,481	0	1,342,481	63.00
64.00	06400	INTRAVENOUS THERAPY	4,884,930	0	4,884,930	64.00
65.00	06500	RESPIRATORY THERAPY	2,814,712	0	2,814,712	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,625,986	0	1,625,986	65.01
66.00	06600	PHYSICAL THERAPY	3,402,743	0	3,402,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,339,375	0	1,339,375	67.00
68.00	06800	SPEECH PATHOLOGY	553,494	0	553,494	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,251,620	0	2,251,620	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,042,134	0	1,042,134	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,847,624	0	8,847,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,358,104	0	29,358,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,370,422	0	26,370,422	73.00
74.00	07400	RENAL DIALYSIS	1,009,787	0	1,009,787	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,052,291	0	1,052,291	76.00
76.97	07697	CARDIAC REHABILITATION	1,532,631	0	1,532,631	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,639,944	0	4,639,944	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	14,398,891	0	14,398,891	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,364,613	0	232,364,613	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	345,857	0	345,857	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,989,919	0	16,989,919	192.00
192.01	19201	RIVERSIDE OUTPATIENT	156,445	0	156,445	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	2,270,134	0	2,270,134	192.06
194.00	07950	NON REIMBURSABLE	5,690,437	0	5,690,437	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	153,326	0	153,326	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	257,970,731	0	257,970,731	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,105	0	20,105	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.01
5.02	00570	ADMITTING	0	111,683	0	111,683	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	48,982	0	48,982	5.03
5.04	00590	A&G	323,600	1,307,986	0	1,631,586	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	96,219	900,549	0	996,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	10,273	65,978	0	76,251	9.00
10.00	01000	DIETARY	31,415	202,834	0	234,249	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	74,824	25,888	0	100,712	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	206,176	0	206,176	14.00
15.00	01500	PHARMACY	235,908	96,052	0	331,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,972	0	14,972	16.00
17.00	01700	SOCIAL SERVICE	0	22,296	0	22,296	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	177,365	848,532	0	1,025,897	30.00
31.00	03100	INTENSIVE CARE UNIT	147,568	110,440	0	258,008	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,854	30,808	0	36,662	31.01
32.00	03200	CORONARY CARE UNIT	14,961	101,529	0	116,490	32.00
41.00	04100	SUBPROVIDER - IRF	14,061	77,608	0	91,669	41.00
43.00	04300	NURSERY	0	45,297	0	45,297	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,005,971	467,952	0	1,473,923	50.00
51.00	05100	RECOVERY ROOM	33,780	119,935	0	153,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,419	180,966	0	260,385	52.00
53.00	05300	ANESTHESIOLOGY	0	7,853	0	7,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	396,392	225,297	0	621,689	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,959	0	16,959	54.01
54.02	03630	ULTRA SOUND	0	19,288	0	19,288	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	896,917	80,096	0	977,013	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	167,626	11,352	0	178,978	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,369	0	14,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,001,024	225,232	0	1,226,256	59.00
60.00	06000	LABORATORY	398,643	134,759	0	533,402	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,904	0	9,904	63.00
64.00	06400	INTRAVENOUS THERAPY	63,402	143,920	0	207,322	64.00
65.00	06500	RESPIRATORY THERAPY	39,665	34,493	0	74,158	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	25,786	0	25,786	65.01
66.00	06600	PHYSICAL THERAPY	18,102	25,693	0	43,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	958	17,404	0	18,362	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,106	0	13,106	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	211,190	88,914	0	300,104	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,309	14,907	0	19,216	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	18,499	0	18,499	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	53,994	25,108	0	79,102	76.00
76.97	07697	CARDIAC REHABILITATION	34,422	47,896	0	82,318	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	20,839	133,812	0	154,651	427	90.00
91.00	09100 EMERGENCY	599,726	193,747	0	793,473	2,838	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,158,427	6,534,962	0	12,693,389	17,941	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,151	24,718	0	29,869	23	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	24,869	179,592	0	204,461	1,885	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	26,946	0	26,946	0	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206 ONCOLOGY CLINIC	0	28,106	0	28,106	240	192.06
194.00	07950 NON REIMBURSABLE	0	951,267	0	951,267	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	1,016	8,976	0	9,992	16	194.07
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)	6,189,463	7,754,567	0	13,944,030	20,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0					5.01
5.02	00570	ADMITTING	0	111,683				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	48,982			5.03
5.04	00590	A&G	0	0	0	1,631,586		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	117,495	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	35,914	0	9.00
10.00	01000	DIETARY	0	0	0	22,047	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	29,224	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	15,564	0	14.00
15.00	01500	PHARMACY	0	0	0	38,928	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,365	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	29,233	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,816	2,520	147,507	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,367	592	34,582	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	228	99	10,925	0	31.01
32.00	03200	CORONARY CARE UNIT	0	1,503	651	27,406	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	432	187	9,601	0	41.00
43.00	04300	NURSERY	0	242	105	6,616	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	335	145	9,166	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,005	5,354	97,989	0	50.00
51.00	05100	RECOVERY ROOM	0	1,174	509	21,711	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	669	290	16,143	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,293	560	2,253	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,314	1,436	25,203	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	411	178	7,702	0	54.01
54.02	03630	ULTRA SOUND	0	862	373	6,429	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,237	2,269	25,352	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,810	3,818	15,664	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	666	289	6,931	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,150	4,832	35,594	0	59.00
60.00	06000	LABORATORY	0	9,468	4,103	104,179	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	327	142	7,942	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,637	1,143	25,217	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,288	992	16,562	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,075	466	9,345	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,259	546	20,641	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	673	291	7,901	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	192	83	3,011	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	2,079	901	10,796	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	670	290	6,058	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,873	2,112	53,566	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,431	3,220	184,479	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,408	4,943	123,486	0	73.00
74.00	07400	RENAL DIALYSIS	0	249	108	5,142	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	471	204	5,852	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	468	203	8,225	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,859	806	24,657	0	90.00
91.00	09100	EMERGENCY	0	9,742	4,222	83,752	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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From 01/01/2019
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	A&G	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	111,683	48,982	1,506,355	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,472	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	101,964	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	209	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	13,484	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	7,392	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	710	0	194.07
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)	0	111,683	48,982	1,631,586	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/29/2020 4:38 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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,114,538					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	13,706	0	126,344			9.00
10.00	01000	DIETARY	42,135	0	4,836	303,669		10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,378	0	617	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,829	0	4,916	0	0	14.00
15.00	01500	PHARMACY	19,953	0	2,290	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,110	0	357	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,632	0	532	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	176,267	0	20,230	190,264	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,942	0	2,633	25,832	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,400	0	735	0	0	31.01
32.00	03200	CORONARY CARE UNIT	21,091	0	2,421	36,587	0	32.00
41.00	04100	SUBPROVIDER - IRF	16,122	0	1,850	13,531	0	41.00
43.00	04300	NURSERY	9,410	0	1,080	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	13,922	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,209	0	11,157	0	0	50.00
51.00	05100	RECOVERY ROOM	24,914	0	2,859	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,592	0	4,315	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,631	0	187	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,802	0	5,371	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,523	0	404	241	0	54.01
54.02	03630	ULTRA SOUND	4,007	0	460	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	16,639	0	1,910	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,358	0	271	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,985	0	343	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,788	0	5,370	0	0	59.00
60.00	06000	LABORATORY	27,994	0	3,213	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,057	0	236	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	29,897	0	3,431	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,165	0	822	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	5,357	0	615	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,337	0	613	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,615	0	415	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,723	0	312	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	18,470	0	2,120	6,463	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,097	0	355	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	3,843	0	441	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	5,216	0	599	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,950	0	1,142	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,797	0	3,190	90	0	90.00
91.00	09100	EMERGENCY	40,248	0	4,619	5,211	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	861,189	0	97,267	292,141	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,135	0	589	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,307	0	4,282	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	5,598	0	642	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	5,839	0	670	0	0	192.06
194.00	07950	NON REIMBURSABLE	197,605	0	22,680	11,528	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	1,865	0	214	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,114,538	0	126,344	303,669	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA	0					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	136,188			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	269,485		14.00
15.00	01500	PHARMACY	0	0	0	8,481	402,381	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	61,032	9,515	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16,630	3,546	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	4,057	765	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	17,063	2,156	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,013	630	0	41.00
43.00	04300	NURSERY	0	0	3,773	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	4,650	404	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,193	131,584	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51	1,685	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,393	540	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	377	34	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	477	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	10,207	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	701	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,215	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	3,234	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	36,624	0	59.00
60.00	06000	LABORATORY	0	0	0	17,446	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,047	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	5,571	400	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	262	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	404	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	193	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	25	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	416	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	956	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	460	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	24,069	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,055	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	400,617	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,111	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	384	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	464	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,407	1,229	0	90.00
91.00	09100	EMERGENCY	0	0	0	3,637	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	136,188	267,385	400,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,345	1,764	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	753	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	1	0	194.07
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)	0	0	136,188	269,485	402,381	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	28,804					16.00
17.00	01700	SOCIAL SERVICE	0	56,693				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0				23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,502	36,388				30.00
31.00	03100	INTENSIVE CARE UNIT	353	4,941				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	59	1,178				31.01
32.00	03200	CORONARY CARE UNIT	388	6,997				32.00
41.00	04100	SUBPROVIDER - IRF	112	2,588				41.00
43.00	04300	NURSERY	62	1,938				43.00
44.00	04400	SKILLED NURSING FACILITY	87	2,663				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,795	0				50.00
51.00	05100	RECOVERY ROOM	303	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173	0				52.00
53.00	05300	ANESTHESIOLOGY	334	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	856	0				54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	106	0				54.01
54.02	03630	ULTRA SOUND	223	0				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,353	0				55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,276	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	172	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	2,880	0				59.00
60.00	06000	LABORATORY	2,446	0				60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	85	0				63.00
64.00	06400	INTRAVENOUS THERAPY	681	0				64.00
65.00	06500	RESPIRATORY THERAPY	591	0				65.00
65.01	03560	PULMONARY FUNCTION TESTING	278	0				65.01
66.00	06600	PHYSICAL THERAPY	325	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	174	0				67.00
68.00	06800	SPEECH PATHOLOGY	50	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
69.01	03140	CARDIOLOGY	537	0				69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	173	0				70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,259	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,920	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,947	0				73.00
74.00	07400	RENAL DIALYSIS	64	0				74.00
76.00	03340	GASTRO INTESTINAL SERVICES	122	0				76.00
76.97	07697	CARDIAC REHABILITATION	121	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPS	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	480	0				90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	2,517	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,804	56,693	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
192.06	19206	ONCOLOGY CLINIC	0	0				192.06
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,804	56,693	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0		0			22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)						23.00
23.01	02301	PARAMED PROGRAM-OR TECH				0		23.01
23.02	02302	PARAMED PROGRAM-EMS					0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE						0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
32.00	03200	CORONARY CARE UNIT						32.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC						54.01
54.02	03630	ULTRA SOUND						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	03140	CARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03340	GASTRO INTESTINAL SERVICES						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-(RADIOLOG Y)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00					
91.00	09100	EMERGENCY		23.00	23.01	23.02	23.03	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
192.06	19206	ONCOLOGY CLINIC						192.06
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)				23.00
23.01	02301	PARAMED PROGRAM-OR TECH				23.01
23.02	02302	PARAMED PROGRAM-EMS				23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,681,344	0	1,681,344	30.00
31.00	03100	INTENSIVE CARE UNIT	372,146	0	372,146	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	61,428	0	61,428	31.01
32.00	03200	CORONARY CARE UNIT	233,262	0	233,262	32.00
41.00	04100	SUBPROVIDER - IRF	142,911	0	142,911	41.00
43.00	04300	NURSERY	68,647	0	68,647	43.00
44.00	04400	SKILLED NURSING FACILITY	31,541	0	31,541	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,836,040	0	1,836,040	50.00
51.00	05100	RECOVERY ROOM	207,317	0	207,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,778	0	325,778	52.00
53.00	05300	ANESTHESIOLOGY	14,549	0	14,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	705,546	0	705,546	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,769	0	39,769	54.01
54.02	03630	ULTRA SOUND	32,438	0	32,438	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,031,293	0	1,031,293	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	215,606	0	215,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,758	0	25,758	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,370,053	0	1,370,053	59.00
60.00	06000	LABORATORY	703,200	0	703,200	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,779	0	21,779	63.00
64.00	06400	INTRAVENOUS THERAPY	276,732	0	276,732	64.00
65.00	06500	RESPIRATORY THERAPY	103,106	0	103,106	65.00
65.01	03560	PULMONARY FUNCTION TESTING	43,481	0	43,481	65.01
66.00	06600	PHYSICAL THERAPY	73,082	0	73,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,608	0	31,608	67.00
68.00	06800	SPEECH PATHOLOGY	19,953	0	19,953	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	342,579	0	342,579	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	30,411	0	30,411	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	85,879	0	85,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	203,105	0	203,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	543,401	0	543,401	73.00
74.00	07400	RENAL DIALYSIS	31,554	0	31,554	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	92,022	0	92,022	76.00
76.97	07697	CARDIAC REHABILITATION	103,006	0	103,006	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	217,593	0	217,593	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	950,259	0	950,259	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,268,176	0	12,268,176	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,089	0	37,089	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	353,008	0	353,008	192.00
192.01	19201	RIVERSIDE OUTPATIENT	33,395	0	33,395	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	49,092	0	49,092	192.06
194.00	07950	NON REIMBURSABLE	1,190,472	0	1,190,472	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	12,798	0	12,798	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,944,030	0	13,944,030	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	835,424					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,166	0	92,704,485			4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	0	0	19,006,602		5.01
5.02	00570	ADMITTING	12,032	0	0	0	934,241,079	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,277	0	0	0	0	5.03
5.04	00590	A&G	140,913	0	0	23	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	97,019	0	1,265,643	205,008	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,108	0	2,179,701	251,199	0	9.00
10.00	01000	DIETARY	21,852	0	1,852,512	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,789	0	1,184,636	8,049	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,212	0	0	16	0	14.00
15.00	01500	PHARMACY	10,348	0	3,544,103	583,518	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,613	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,402	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,415	0	20,360,343	654,681	48,466,182	30.00
31.00	03100	INTENSIVE CARE UNIT	11,898	0	3,319,134	243,961	11,393,701	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,319	0	1,474,535	52,639	1,900,057	31.01
32.00	03200	CORONARY CARE UNIT	10,938	0	2,347,893	148,318	12,526,306	32.00
41.00	04100	SUBPROVIDER - IRF	8,361	0	812,086	43,331	3,602,661	41.00
43.00	04300	NURSERY	4,880	0	570,332	0	2,014,385	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	777,771	27,810	2,791,138	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,414	0	3,829,889	9,053,994	95,238,453	50.00
51.00	05100	RECOVERY ROOM	12,921	0	1,824,187	115,929	9,785,780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,496	0	1,281,272	37,152	5,574,937	52.00
53.00	05300	ANESTHESIOLOGY	846	0	124,156	2,340	10,775,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,272	0	1,832,553	32,806	27,617,473	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,827	0	173,345	702,307	3,427,526	54.01
54.02	03630	ULTRA SOUND	2,078	0	436,281	48,249	7,181,515	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	8,629	0	1,403,474	83,617	43,639,323	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,223	0	907,063	222,540	73,419,922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,548	0	0	201	5,554,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,265	0	2,575,233	2,519,882	92,915,773	59.00
60.00	06000	LABORATORY	14,518	0	4,373,463	1,200,392	78,896,852	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,067	0	179,873	0	2,728,509	63.00
64.00	06400	INTRAVENOUS THERAPY	15,505	0	1,995,977	27,546	21,976,619	64.00
65.00	06500	RESPIRATORY THERAPY	3,716	0	1,225,007	18,047	19,070,623	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,778	0	715,992	0	8,954,540	65.01
66.00	06600	PHYSICAL THERAPY	2,768	0	1,720,511	13,246	10,494,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,875	0	700,653	1,702	5,604,797	67.00
68.00	06800	SPEECH PATHOLOGY	1,412	0	256,370	267	1,600,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	9,579	0	706,898	65,782	17,327,882	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,606	0	423,974	31,675	5,585,201	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,656,069	40,607,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	416,636	61,923,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	95,064,791	73.00
74.00	07400	RENAL DIALYSIS	1,993	0	447,753	0	2,071,682	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,705	0	333,562	26,444	3,928,468	76.00
76.97	07697	CARDIAC REHABILITATION	5,160	0	529,725	31,924	3,899,698	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST OF GOODS)	ADMITTING (GROSS CHARGES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5.01	5.02				
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,416	0	1,969,671	84,547	15,494,089	90.00
91.00	09100	EMERGENCY	20,873	0	13,077,872	250,258	81,185,381	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	704,032	0	82,733,443	18,862,105	934,241,079	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,663	0	107,693	56	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,348	0	8,684,507	92,566	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	2,903	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	3,028	0	1,106,525	51,790	0	192.06
194.00	07950	NON REIMBURSABLE	102,483	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	967	0	72,317	85	0	194.07
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)	7,754,567	0	3,571,253	1,511,232	2,791,290	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.282193	0.000000	0.038523	0.079511	0.002988	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,105	0	111,683	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000217	0.000000	0.000120	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	934,241,079					5.03
5.04	00590	A&G	0	-48,011,684	209,959,047			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	15,119,664	0	578,017	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,621,574		7,108	9.00
10.00	01000	DIETARY	0	0	2,837,062	0	21,852	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,760,686	0	2,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,002,854	0	22,212	14.00
15.00	01500	PHARMACY	0	0	5,009,433	0	10,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,333,867	0	1,613	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,761,832	0	2,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,466,182	0	18,981,700	0	91,415	30.00
31.00	03100	INTENSIVE CARE UNIT	11,393,701	0	4,450,145	0	11,898	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,900,057	0	1,405,831	0	3,319	31.01
32.00	03200	CORONARY CARE UNIT	12,526,306	0	3,526,670	0	10,938	32.00
41.00	04100	SUBPROVIDER - IRF	3,602,661	0	1,235,440	0	8,361	41.00
43.00	04300	NURSERY	2,014,385	0	851,422	0	4,880	43.00
44.00	04400	SKILLED NURSING FACILITY	2,791,138	0	1,179,561	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,238,453	0	12,609,568	0	50,414	50.00
51.00	05100	RECOVERY ROOM	9,785,780	0	2,793,857	0	12,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,574,937	0	2,077,364	0	19,496	52.00
53.00	05300	ANESTHESIOLOGY	10,775,792	0	289,966	0	846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,617,473	0	3,243,171	0	24,272	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,427,526	0	991,183	0	1,827	54.01
54.02	03630	ULTRA SOUND	7,181,515	0	827,363	0	2,078	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	43,639,323	0	3,262,448	0	8,629	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	73,419,922	0	2,015,650	0	1,223	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,554,011	0	891,901	0	1,548	58.00
59.00	05900	CARDIAC CATHETERIZATION	92,915,773	0	4,580,327	0	24,265	59.00
60.00	06000	LABORATORY	78,896,852	0	13,406,078	0	14,518	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,728,509	0	1,022,011	0	1,067	63.00
64.00	06400	INTRAVENOUS THERAPY	21,976,619	0	3,245,054	0	15,505	64.00
65.00	06500	RESPIRATORY THERAPY	19,070,623	0	2,131,293	0	3,716	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,954,540	0	1,202,537	0	2,778	65.01
66.00	06600	PHYSICAL THERAPY	10,494,804	0	2,656,140	0	2,768	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,604,797	0	1,016,672	0	1,875	67.00
68.00	06800	SPEECH PATHOLOGY	1,600,876	0	387,446	0	1,412	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	17,327,882	0	1,389,266	0	9,579	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,585,201	0	779,603	0	1,606	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	40,607,715	0	6,893,070	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,923,617	0	23,739,846	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,064,791	0	15,890,562	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,071,682	0	661,744	0	1,993	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	3,928,468	0	753,115	0	2,705	76.00
76.97	07697	CARDIAC REHABILITATION	3,899,698	0	1,058,390	0	5,160	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,494,089	0	3,172,967	0	14,416	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
91.00	09100	EMERGENCY	81,185,381	0	10,777,473	0	20,873	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	934,241,079	-48,011,684	193,843,806	0	446,625	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	189,398	0	2,663	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,121,102	0	19,348	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	26,946	0	2,903	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	1,735,189	0	3,028	192.06
194.00	07950	NON REIMBURSABLE	0	0	951,267	0	102,483	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	91,339	0	967	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,704,392		48,011,684	0	18,577,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002895		0.228672	0.000000	32.139380	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,982		1,631,586	0	1,114,538	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000052		0.007771	0.000000	1.928210	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	0	570,909				9.00
10.00	01000	DIETARY	0	21,852	174,936			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,789	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,212	0	0	0	14.00
15.00	01500	PHARMACY	0	10,348	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,613	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,402	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	91,415	109,606	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,898	14,881	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,319	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	10,938	21,077	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	8,361	7,795	0	0	41.00
43.00	04300	NURSERY	0	4,880	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	8,020	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,414	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,921	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,496	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	846	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,272	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,827	139	0	0	54.01
54.02	03630	ULTRA SOUND	0	2,078	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,629	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,223	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,548	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,265	0	0	0	59.00
60.00	06000	LABORATORY	0	14,518	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,067	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	15,505	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,716	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,778	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,768	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,875	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,412	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	9,579	3,723	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,606	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	1,993	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	2,705	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,160	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	14,416	52	0	0	90.00
91.00	09100	EMERGENCY	0	20,873	3,002	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	439,517	168,295	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,663	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	2,903	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	3,028	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	102,483	6,641	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	967	0	0	0	194.07
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)	0	5,906,846	4,414,218	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10.346388	25.233331	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	126,344	303,669	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.221303	1.735886	0.000000	0.000000	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	738,754				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,542,307			14.00
15.00	01500	PHARMACY	0	0	583,518	15,398,784		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	934,241,079	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	331,063	654,681	0	48,466,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	90,212	243,961	0	11,393,701	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	22,006	52,639	0	1,900,057	31.01
32.00	03200	CORONARY CARE UNIT	0	92,559	148,318	0	12,526,306	32.00
41.00	04100	SUBPROVIDER - IRF	0	32,615	43,331	0	3,602,661	41.00
43.00	04300	NURSERY	0	20,465	0	0	2,014,385	43.00
44.00	04400	SKILLED NURSING FACILITY	0	25,223	27,810	0	2,791,138	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,747	9,053,994	0	95,238,453	50.00
51.00	05100	RECOVERY ROOM	0	278	115,929	0	9,785,780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,256	37,152	0	5,574,937	52.00
53.00	05300	ANESTHESIOLOGY	0	2,045	2,340	0	10,775,792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	32,806	0	27,617,473	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	702,307	0	3,427,526	54.01
54.02	03630	ULTRA SOUND	0	0	48,249	0	7,181,515	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	83,617	0	43,639,323	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	222,540	0	73,419,922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	201	0	5,554,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,519,882	0	92,915,773	59.00
60.00	06000	LABORATORY	0	0	1,200,392	0	78,896,852	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,681	0	0	2,728,509	63.00
64.00	06400	INTRAVENOUS THERAPY	0	30,218	27,546	0	21,976,619	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	18,047	0	19,070,623	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,193	0	0	8,954,540	65.01
66.00	06600	PHYSICAL THERAPY	0	0	13,246	0	10,494,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,702	0	5,604,797	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,258	267	0	1,600,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	65,782	0	17,327,882	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	31,675	0	5,585,201	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	1,656,069	0	40,607,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	416,636	0	61,923,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,331,284	95,064,791	73.00
74.00	07400	RENAL DIALYSIS	0	16,876	0	0	2,071,682	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	26,444	0	3,928,468	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	31,924	0	3,899,698	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,059	84,547	0	15,494,089	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	0	250,258	0	81,185,381	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	738,754	18,397,810	15,331,284	934,241,079	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	56	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	92,566	67,500	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	51,790	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	85	0	0	194.07
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)	0	4,739,143	3,404,545	6,701,732	1,707,415	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6.415049	0.183610	0.435212	0.001828	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	136,188	269,485	402,381	28,804	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.184348	0.014534	0.026131	0.000031	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: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN	NURSING SCHOOL	SRVCES-SALARY	SRVCES-OTHER	
			(PATIENT DAYS)	ANESTHETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	55,402					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0					23.01
23.02	02302	PARAMED PROGRAM-EMS	0					23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,560	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,828	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,151	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	6,838	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	2,529	0	0	0	0	41.00
43.00	04300	NURSERY	1,894	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,602	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

	Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
						17.00	19.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,402	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0	0	192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
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)	4,724,109	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	85.269647	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	56,693	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.023302	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
			23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0				23.00
23.01	02301	PARAMED PROGRAM-OR TECH		0			23.01
23.02	02302	PARAMED PROGRAM-EMS			0		23.02
23.03	02303	PARAMED PROGRAM-RESP CARE				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0280

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			PARAMED ED PRGM-(RADIOLOG Y) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
192.06	19206	ONCOLOGY CLINIC	0	0	0	0		192.06
194.00	07950	NON REIMBURSABLE	0	0	0	0		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
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)	0	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/29/2020 4:38 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,336,619		35,336,619	12,661	35,349,280	30.00
31.00	03100	INTENSIVE CARE UNIT	7,404,779		7,404,779	0	7,404,779	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,120,769		2,120,769	0	2,120,769	31.01
32.00	03200	CORONARY CARE UNIT	6,556,650		6,556,650	0	6,556,650	32.00
41.00	04100	SUBPROVIDER - IRF	2,509,284		2,509,284	0	2,509,284	41.00
43.00	04300	NURSERY	1,549,915		1,549,915	0	1,549,915	43.00
44.00	04400	SKILLED NURSING FACILITY	2,045,552		2,045,552	0	2,045,552	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,616,933		19,616,933	0	19,616,933	50.00
51.00	05100	RECOVERY ROOM	4,022,650		4,022,650	0	4,022,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,585,392		3,585,392	0	3,585,392	52.00
53.00	05300	ANESTHESIOLOGY	425,463		425,463	10,678	436,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,517		5,072,517	0	5,072,517	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,434,185		1,434,185	0	1,434,185	54.01
54.02	03630	ULTRA SOUND	1,126,831		1,126,831	0	1,126,831	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,470,215		4,470,215	0	4,470,215	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,703,606		2,703,606	0	2,703,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,171,812		1,171,812	0	1,171,812	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,291,163		7,291,163	0	7,291,163	59.00
60.00	06000	LABORATORY	17,453,109		17,453,109	0	17,453,109	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,342,481		1,342,481	0	1,342,481	63.00
64.00	06400	INTRAVENOUS THERAPY	4,884,930		4,884,930	0	4,884,930	64.00
65.00	06500	RESPIRATORY THERAPY	2,814,712	0	2,814,712	0	2,814,712	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,625,986	0	1,625,986	0	1,625,986	65.01
66.00	06600	PHYSICAL THERAPY	3,402,743	0	3,402,743	0	3,402,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,339,375	0	1,339,375	0	1,339,375	67.00
68.00	06800	SPEECH PATHOLOGY	553,494	0	553,494	0	553,494	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	2,251,620		2,251,620	0	2,251,620	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,042,134		1,042,134	0	1,042,134	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,847,624		8,847,624	0	8,847,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,358,104		29,358,104	0	29,358,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,370,422		26,370,422	0	26,370,422	73.00
74.00	07400	RENAL DIALYSIS	1,009,787		1,009,787	0	1,009,787	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,052,291		1,052,291	0	1,052,291	76.00
76.97	07697	CARDIAC REHABILITATION	1,532,631		1,532,631	0	1,532,631	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,639,944		4,639,944	13,161	4,653,105	90.00
91.00	09100	EMERGENCY	14,398,891		14,398,891	239,251	14,638,142	91.00
92.00	09200	OBSERVATION BEDS	4,910,757		4,910,757	0	4,910,757	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	237,275,370	0	237,275,370	275,751	237,551,121	200.00
201.00		Less Observation Beds	4,910,757		4,910,757	0	4,910,757	201.00
202.00		Total (see instructions)	232,364,613	0	232,364,613	275,751	232,640,364	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,075,365		42,075,365		30.00
31.00	03100	INTENSIVE CARE UNIT	11,393,701		11,393,701		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,900,057		1,900,057		31.01
32.00	03200	CORONARY CARE UNIT	12,526,306		12,526,306		32.00
41.00	04100	SUBPROVIDER - IRF	3,602,661		3,602,661		41.00
43.00	04300	NURSERY	2,014,385		2,014,385		43.00
44.00	04400	SKILLED NURSING FACILITY	2,791,138		2,791,138		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,925,934	54,312,519	95,238,453	0.205977	50.00
51.00	05100	RECOVERY ROOM	2,941,877	6,843,903	9,785,780	0.411071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,616,383	958,554	5,574,937	0.643127	52.00
53.00	05300	ANESTHESIOLOGY	4,183,156	6,592,636	10,775,792	0.039483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,127,584	21,489,889	27,617,473	0.183671	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	724,910	2,702,616	3,427,526	0.418432	54.01
54.02	03630	ULTRA SOUND	917,283	6,264,232	7,181,515	0.156907	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	301,454	43,337,869	43,639,323	0.102435	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,322,674	55,097,248	73,419,922	0.036824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,570,074	1,983,937	5,554,011	0.210985	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,819,315	70,096,458	92,915,773	0.078471	59.00
60.00	06000	LABORATORY	28,043,703	50,853,149	78,896,852	0.221214	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,056,645	671,864	2,728,509	0.492020	63.00
64.00	06400	INTRAVENOUS THERAPY	5,377,855	16,598,764	21,976,619	0.222279	64.00
65.00	06500	RESPIRATORY THERAPY	17,444,776	1,625,847	19,070,623	0.147594	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,451,141	2,503,399	8,954,540	0.181582	65.01
66.00	06600	PHYSICAL THERAPY	6,160,761	4,334,043	10,494,804	0.324231	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,521,397	1,083,400	5,604,797	0.238969	67.00
68.00	06800	SPEECH PATHOLOGY	1,049,849	551,027	1,600,876	0.345744	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	8,033,927	9,293,955	17,327,882	0.129942	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,202,688	4,382,513	5,585,201	0.186588	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	21,294,319	19,313,396	40,607,715	0.217880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,390,152	25,533,465	61,923,617	0.474102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,682,686	56,382,105	95,064,791	0.277394	73.00
74.00	07400	RENAL DIALYSIS	2,071,682	0	2,071,682	0.487424	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,245,723	1,682,745	3,928,468	0.267863	76.00
76.97	07697	CARDIAC REHABILITATION	385,125	3,514,573	3,899,698	0.393013	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,095,207	13,398,882	15,494,089	0.299465	90.00
91.00	09100	EMERGENCY	14,695,375	66,490,006	81,185,381	0.177358	91.00
92.00	09200	OBSERVATION BEDS	1,165,339	5,225,478	6,390,817	0.768408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	381,122,607	553,118,472	934,241,079		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	381,122,607	553,118,472	934,241,079		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 4:38 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.205977		50.00
51.00	05100	RECOVERY ROOM	0.411071		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.643127		52.00
53.00	05300	ANESTHESIOLOGY	0.040474		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183671		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.418432		54.01
54.02	03630	ULTRA SOUND	0.156907		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102435		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036824		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210985		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078471		59.00
60.00	06000	LABORATORY	0.221214		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.492020		63.00
64.00	06400	INTRAVENOUS THERAPY	0.222279		64.00
65.00	06500	RESPIRATORY THERAPY	0.147594		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.181582		65.01
66.00	06600	PHYSICAL THERAPY	0.324231		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238969		67.00
68.00	06800	SPEECH PATHOLOGY	0.345744		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.129942		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186588		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474102		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277394		73.00
74.00	07400	RENAL DIALYSIS	0.487424		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.267863		76.00
76.97	07697	CARDIAC REHABILITATION	0.393013		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.300315		90.00
91.00	09100	EMERGENCY	0.180305		91.00
92.00	09200	OBSERVATION BEDS	0.768408		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		35,336,619	12,661	35,349,280 30.00
31.00	03100	INTENSIVE CARE UNIT		7,404,779	0	7,404,779 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		2,120,769	0	2,120,769 31.01
32.00	03200	CORONARY CARE UNIT		6,556,650	0	6,556,650 32.00
41.00	04100	SUBPROVIDER - IRF		2,509,284	0	2,509,284 41.00
43.00	04300	NURSERY		1,549,915	0	1,549,915 43.00
44.00	04400	SKILLED NURSING FACILITY		2,045,552	0	2,045,552 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		19,616,933	0	19,616,933 50.00
51.00	05100	RECOVERY ROOM		4,022,650	0	4,022,650 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,585,392	0	3,585,392 52.00
53.00	05300	ANESTHESIOLOGY		425,463	10,678	436,141 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,072,517	0	5,072,517 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		1,434,185	0	1,434,185 54.01
54.02	03630	ULTRA SOUND		1,126,831	0	1,126,831 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		4,470,215	0	4,470,215 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		2,703,606	0	2,703,606 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,171,812	0	1,171,812 58.00
59.00	05900	CARDIAC CATHETERIZATION		7,291,163	0	7,291,163 59.00
60.00	06000	LABORATORY		17,453,109	0	17,453,109 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		1,342,481	0	1,342,481 63.00
64.00	06400	INTRAVENOUS THERAPY		4,884,930	0	4,884,930 64.00
65.00	06500	RESPIRATORY THERAPY	0	2,814,712	0	2,814,712 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,625,986	0	1,625,986 65.01
66.00	06600	PHYSICAL THERAPY	0	3,402,743	0	3,402,743 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,339,375	0	1,339,375 67.00
68.00	06800	SPEECH PATHOLOGY	0	553,494	0	553,494 68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0 69.00
69.01	03140	CARDIOLOGY		2,251,620	0	2,251,620 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,042,134	0	1,042,134 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		8,847,624	0	8,847,624 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		29,358,104	0	29,358,104 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		26,370,422	0	26,370,422 73.00
74.00	07400	RENAL DIALYSIS		1,009,787	0	1,009,787 74.00
76.00	03340	GASTRO INTESTINAL SERVICES		1,052,291	0	1,052,291 76.00
76.97	07697	CARDIAC REHABILITATION		1,532,631	0	1,532,631 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0 76.98
76.99	07699	LITHOTRIPSY		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		4,639,944	13,161	4,653,105 90.00
91.00	09100	EMERGENCY		14,398,891	239,251	14,638,142 91.00
92.00	09200	OBSERVATION BEDS		4,910,757	0	4,910,757 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		0	0	0 95.00
200.00		Subtotal (see instructions)	0	237,275,370	275,751	237,551,121 200.00
201.00		Less Observation Beds		4,910,757	0	4,910,757 201.00
202.00		Total (see instructions)	0	232,364,613	275,751	232,640,364 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
6/29/2020 4:38 pm

			Title XIX		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,075,365		42,075,365		30.00
31.00	03100	INTENSIVE CARE UNIT	11,393,701		11,393,701		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,900,057		1,900,057		31.01
32.00	03200	CORONARY CARE UNIT	12,526,306		12,526,306		32.00
41.00	04100	SUBPROVIDER - IRF	3,602,661		3,602,661		41.00
43.00	04300	NURSERY	2,014,385		2,014,385		43.00
44.00	04400	SKILLED NURSING FACILITY	2,791,138		2,791,138		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,925,934	54,312,519	95,238,453	0.205977	50.00
51.00	05100	RECOVERY ROOM	2,941,877	6,843,903	9,785,780	0.411071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,616,383	958,554	5,574,937	0.643127	52.00
53.00	05300	ANESTHESIOLOGY	4,183,156	6,592,636	10,775,792	0.039483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,127,584	21,489,889	27,617,473	0.183671	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	724,910	2,702,616	3,427,526	0.418432	54.01
54.02	03630	ULTRA SOUND	917,283	6,264,232	7,181,515	0.156907	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	301,454	43,337,869	43,639,323	0.102435	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,322,674	55,097,248	73,419,922	0.036824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,570,074	1,983,937	5,554,011	0.210985	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,819,315	70,096,458	92,915,773	0.078471	59.00
60.00	06000	LABORATORY	28,043,703	50,853,149	78,896,852	0.221214	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,056,645	671,864	2,728,509	0.492020	63.00
64.00	06400	INTRAVENOUS THERAPY	5,377,855	16,598,764	21,976,619	0.222279	64.00
65.00	06500	RESPIRATORY THERAPY	17,444,776	1,625,847	19,070,623	0.147594	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,451,141	2,503,399	8,954,540	0.181582	65.01
66.00	06600	PHYSICAL THERAPY	6,160,761	4,334,043	10,494,804	0.324231	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,521,397	1,083,400	5,604,797	0.238969	67.00
68.00	06800	SPEECH PATHOLOGY	1,049,849	551,027	1,600,876	0.345744	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	8,033,927	9,293,955	17,327,882	0.129942	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,202,688	4,382,513	5,585,201	0.186588	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	21,294,319	19,313,396	40,607,715	0.217880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	36,390,152	25,533,465	61,923,617	0.474102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,682,686	56,382,105	95,064,791	0.277394	73.00
74.00	07400	RENAL DIALYSIS	2,071,682	0	2,071,682	0.487424	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	2,245,723	1,682,745	3,928,468	0.267863	76.00
76.97	07697	CARDIAC REHABILITATION	385,125	3,514,573	3,899,698	0.393013	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,095,207	13,398,882	15,494,089	0.299465	90.00
91.00	09100	EMERGENCY	14,695,375	66,490,006	81,185,381	0.177358	91.00
92.00	09200	OBSERVATION BEDS	1,165,339	5,225,478	6,390,817	0.768408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	381,122,607	553,118,472	934,241,079		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	381,122,607	553,118,472	934,241,079		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 4:38 pm
				Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		30.00		
31.00	03100	INTENSIVE CARE UNIT		31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT		31.01		
32.00	03200	CORONARY CARE UNIT		32.00		
41.00	04100	SUBPROVIDER - IRF		41.00		
43.00	04300	NURSERY		43.00		
44.00	04400	SKILLED NURSING FACILITY		44.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.205977	50.00		
51.00	05100	RECOVERY ROOM	0.411071	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.643127	52.00		
53.00	05300	ANESTHESIOLOGY	0.040474	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183671	54.00		
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.418432	54.01		
54.02	03630	ULTRA SOUND	0.156907	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102435	55.00		
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036824	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210985	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.078471	59.00		
60.00	06000	LABORATORY	0.221214	60.00		
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.492020	63.00		
64.00	06400	INTRAVENOUS THERAPY	0.222279	64.00		
65.00	06500	RESPIRATORY THERAPY	0.147594	65.00		
65.01	03560	PULMONARY FUNCTION TESTING	0.181582	65.01		
66.00	06600	PHYSICAL THERAPY	0.324231	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.238969	67.00		
68.00	06800	SPEECH PATHOLOGY	0.345744	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00		
69.01	03140	CARDIOLOGY	0.129942	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186588	70.00		
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474102	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277394	73.00		
74.00	07400	RENAL DIALYSIS	0.487424	74.00		
76.00	03340	GASTRO INTESTINAL SERVICES	0.267863	76.00		
76.97	07697	CARDIAC REHABILITATION	0.393013	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98		
76.99	07699	LITHOTRIPSY	0.000000	76.99		
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.300315	90.00		
91.00	09100	EMERGENCY	0.180305	91.00		
92.00	09200	OBSERVATION BEDS	0.768408	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	95.00		
200.00		Subtotal (see instructions)		200.00		
201.00		Less Observation Beds		201.00		
202.00		Total (see instructions)		202.00		

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

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,616,933	1,836,040	17,780,893	0	0	50.00
51.00	05100	RECOVERY ROOM	4,022,650	207,317	3,815,333	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,585,392	325,778	3,259,614	0	0	52.00
53.00	05300	ANESTHESIOLOGY	425,463	14,549	410,914	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,517	705,546	4,366,971	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,434,185	39,769	1,394,416	0	0	54.01
54.02	03630	ULTRA SOUND	1,126,831	32,438	1,094,393	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,470,215	1,031,293	3,438,922	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,703,606	215,606	2,488,000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,171,812	25,758	1,146,054	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,291,163	1,370,053	5,921,110	0	0	59.00
60.00	06000	LABORATORY	17,453,109	703,200	16,749,909	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,342,481	21,779	1,320,702	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,884,930	276,732	4,608,198	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,814,712	103,106	2,711,606	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,625,986	43,481	1,582,505	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,402,743	73,082	3,329,661	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,339,375	31,608	1,307,767	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	553,494	19,953	533,541	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,251,620	342,579	1,909,041	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,042,134	30,411	1,011,723	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,847,624	85,879	8,761,745	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,358,104	203,105	29,154,999	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,370,422	543,401	25,827,021	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,009,787	31,554	978,233	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,052,291	92,022	960,269	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,532,631	103,006	1,429,625	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,639,944	217,593	4,422,351	0	0	90.00
91.00	09100	EMERGENCY	14,398,891	950,259	13,448,632	0	0	91.00
92.00	09200	OBSERVATION BEDS	4,910,757	233,575	4,677,182	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	179,751,802	9,910,472	169,841,330	0	0	200.00
201.00		Less Observation Beds	4,910,757	233,575	4,677,182	0	0	201.00
202.00		Total (line 200 minus line 201)	174,841,045	9,676,897	165,164,148	0	0	202.00

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

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
6/29/2020 4:38 pm

				Title XIX		Hospital	PPS	
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,616,933	95,238,453	0.205977			50.00
51.00	05100	RECOVERY ROOM	4,022,650	9,785,780	0.411071			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,585,392	5,574,937	0.643127			52.00
53.00	05300	ANESTHESIOLOGY	425,463	10,775,792	0.039483			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,072,517	27,617,473	0.183671			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,434,185	3,427,526	0.418432			54.01
54.02	03630	ULTRA SOUND	1,126,831	7,181,515	0.156907			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	4,470,215	43,639,323	0.102435			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,703,606	73,419,922	0.036824			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,171,812	5,554,011	0.210985			58.00
59.00	05900	CARDIAC CATHETERIZATION	7,291,163	92,915,773	0.078471			59.00
60.00	06000	LABORATORY	17,453,109	78,896,852	0.221214			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,342,481	2,728,509	0.492020			63.00
64.00	06400	INTRAVENOUS THERAPY	4,884,930	21,976,619	0.222279			64.00
65.00	06500	RESPIRATORY THERAPY	2,814,712	19,070,623	0.147594			65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,625,986	8,954,540	0.181582			65.01
66.00	06600	PHYSICAL THERAPY	3,402,743	10,494,804	0.324231			66.00
67.00	06700	OCCUPATIONAL THERAPY	1,339,375	5,604,797	0.238969			67.00
68.00	06800	SPEECH PATHOLOGY	553,494	1,600,876	0.345744			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000			69.00
69.01	03140	CARDIOLOGY	2,251,620	17,327,882	0.129942			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,042,134	5,585,201	0.186588			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,847,624	40,607,715	0.217880			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,358,104	61,923,617	0.474102			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,370,422	95,064,791	0.277394			73.00
74.00	07400	RENAL DIALYSIS	1,009,787	2,071,682	0.487424			74.00
76.00	03340	GASTRO INTESTINAL SERVICES	1,052,291	3,928,468	0.267863			76.00
76.97	07697	CARDIAC REHABILITATION	1,532,631	3,899,698	0.393013			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000			76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,639,944	15,494,089	0.299465			90.00
91.00	09100	EMERGENCY	14,398,891	81,185,381	0.177358			91.00
92.00	09200	OBSERVATION BEDS	4,910,757	6,390,817	0.768408			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000			95.00
200.00		Subtotal (sum of lines 50 thru 199)	179,751,802	857,937,466				200.00
201.00		Less Observation Beds	4,910,757	0				201.00
202.00		Total (line 200 minus line 201)	174,841,045	857,937,466				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 6/29/2020 4:38 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	1,681,344	0	1,681,344	41,297	40.71	30.00		
31.00	INTENSIVE CARE UNIT	372,146		372,146	4,828	77.08	31.00		
31.01	NEONATAL INTENSIVE CARE UNIT	61,428		61,428	1,151	53.37	31.01		
32.00	CORONARY CARE UNIT	233,262		233,262	6,838	34.11	32.00		
41.00	SUBPROVIDER - IRF	142,911	0	142,911	2,529	56.51	41.00		
43.00	NURSERY	68,647		68,647	1,894	36.24	43.00		
44.00	SKILLED NURSING FACILITY	31,541		31,541	2,602	12.12	44.00		
200.00	Total (lines 30 through 199)	2,591,279		2,591,279	61,139		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	11,335	461,448					30.00	
31.00	INTENSIVE CARE UNIT	1,721	132,655					31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01	
32.00	CORONARY CARE UNIT	3,218	109,766					32.00	
41.00	SUBPROVIDER - IRF	1,171	66,173					41.00	
43.00	NURSERY	0	0					43.00	
44.00	SKILLED NURSING FACILITY	1,409	17,077					44.00	
200.00	Total (lines 30 through 199)	18,854	787,119					200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 4:38 pm			
				Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,836,040	95,238,453	0.019278	13,989,273	269,685	50.00	
51.00	05100	RECOVERY ROOM	207,317	9,785,780	0.021186	1,044,355	22,126	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,778	5,574,937	0.058436	5,354	313	52.00	
53.00	05300	ANESTHESIOLOGY	14,549	10,775,792	0.001350	1,548,324	2,090	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	705,546	27,617,473	0.025547	2,584,629	66,030	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,769	3,427,526	0.011603	277,131	3,216	54.01	
54.02	03630	ULTRA SOUND	32,438	7,181,515	0.004517	327,554	1,480	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,031,293	43,639,323	0.023632	174,469	4,123	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	215,606	73,419,922	0.002937	7,231,821	21,240	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,758	5,554,011	0.004638	1,399,188	6,489	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,370,053	92,915,773	0.014745	9,185,200	135,436	59.00	
60.00	06000	LABORATORY	703,200	78,896,852	0.008913	10,370,858	92,435	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,779	2,728,509	0.007982	1,058,110	8,446	63.00	
64.00	06400	INTRAVENOUS THERAPY	276,732	21,976,619	0.012592	1,891,806	23,822	64.00	
65.00	06500	RESPIRATORY THERAPY	103,106	19,070,623	0.005407	6,999,140	37,844	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	43,481	8,954,540	0.004856	2,682,589	13,027	65.01	
66.00	06600	PHYSICAL THERAPY	73,082	10,494,804	0.006964	1,758,349	12,245	66.00	
67.00	06700	OCCUPATIONAL THERAPY	31,608	5,604,797	0.005639	953,237	5,375	67.00	
68.00	06800	SPEECH PATHOLOGY	19,953	1,600,876	0.012464	241,368	3,008	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00	
69.01	03140	CARDIOLOGY	342,579	17,327,882	0.019770	3,598,652	71,145	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	30,411	5,585,201	0.005445	562,474	3,063	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	85,879	40,607,715	0.002115	8,308,077	17,572	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	203,105	61,923,617	0.003280	15,512,602	50,881	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	543,401	95,064,791	0.005716	14,119,025	80,704	73.00	
74.00	07400	RENAL DIALYSIS	31,554	2,071,682	0.015231	1,352,633	20,602	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	92,022	3,928,468	0.023424	959,543	22,476	76.00	
76.97	07697	CARDIAC REHABILITATION	103,006	3,899,698	0.026414	156,443	4,132	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	217,593	15,494,089	0.014044	693,198	9,735	90.00	
91.00	09100	EMERGENCY	950,259	81,185,381	0.011705	5,192,249	60,775	91.00	
92.00	09200	OBSERVATION BEDS	233,575	6,390,817	0.036549	358,285	13,095	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	9,910,472	857,937,466		114,535,936	1,082,610	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/29/2020 4:38 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	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
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	41,297	0.00	11,335	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	4,828	0.00	1,721	31.00		
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	1,151	0.00	0	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	6,838	0.00	3,218	32.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,529	0.00	1,171	41.00		
43.00	04300	NURSERY	0	0	1,894	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	2,602	0.00	1,409	44.00		
200.00		Total (lines 30 through 199)	0	0	61,139		18,854	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0							31.01
32.00	03200	CORONARY CARE UNIT	0							32.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
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: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm
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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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 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	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/29/2020 4:38 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 before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification
			9.00	10.00	11.00	12.00	12.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	13,989,273	0	12,239,597	0
51.00	05100	RECOVERY ROOM	0.000000	1,044,355	0	1,370,670	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,354	0	3,508	0
53.00	05300	ANESTHESIOLOGY	0.000000	1,548,324	0	1,796,048	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,584,629	0	3,925,632	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	277,131	0	643,124	0
54.02	03630	ULTRA SOUND	0.000000	327,554	0	769,192	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	174,469	0	15,769,327	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	7,231,821	0	12,232,654	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,399,188	0	434,493	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,185,200	0	25,787,771	0
60.00	06000	LABORATORY	0.000000	10,370,858	0	5,399,202	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	1,058,110	0	282,746	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,891,806	0	3,085,023	0
65.00	06500	RESPIRATORY THERAPY	0.000000	6,999,140	0	248,570	0
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	2,682,589	0	702,181	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,758,349	0	31,512	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	953,237	0	17,579	0
68.00	06800	SPEECH PATHOLOGY	0.000000	241,368	0	3,571	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01	03140	CARDIOLOGY	0.000000	3,598,652	0	2,473,163	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	562,474	0	1,017,726	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	8,308,077	0	6,251,608	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	15,512,602	0	8,555,550	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	14,119,025	0	19,776,221	0
74.00	07400	RENAL DIALYSIS	0.000000	1,352,633	0	0	0
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	959,543	0	457,587	0
76.97	07697	CARDIAC REHABILITATION	0.000000	156,443	0	1,207,207	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	693,198	0	4,704,824	0
91.00	09100	EMERGENCY	0.000000	5,192,249	0	9,563,665	0
92.00	09200	OBSERVATION BEDS	0.000000	358,285	0	708,924	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		114,535,936	0	139,458,875	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
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	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 6/29/2020 4:38 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	0.205977	12,239,597	0	0	2,521,075	50.00	
51.00	05100	RECOVERY ROOM	0.411071	1,370,670	0	0	563,443	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.643127	3,508	0	0	2,256	52.00	
53.00	05300	ANESTHESIOLOGY	0.039483	1,796,048	0	0	70,913	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183671	3,925,632	0	0	721,025	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.418432	643,124	0	0	269,104	54.01	
54.02	03630	ULTRA SOUND	0.156907	769,192	0	0	120,692	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102435	15,769,327	0	0	1,615,331	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036824	12,232,654	0	0	450,455	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210985	434,493	0	0	91,672	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.078471	25,787,771	0	0	2,023,592	59.00	
60.00	06000	LABORATORY	0.221214	5,399,202	1,901	0	1,194,379	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.492020	282,746	0	0	139,117	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.222279	3,085,023	0	0	685,736	64.00	
65.00	06500	RESPIRATORY THERAPY	0.147594	248,570	0	0	36,687	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.181582	702,181	0	0	127,503	65.01	
66.00	06600	PHYSICAL THERAPY	0.324231	31,512	0	0	10,217	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.238969	17,579	0	0	4,201	67.00	
68.00	06800	SPEECH PATHOLOGY	0.345744	3,571	0	0	1,235	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0.129942	2,473,163	0	0	321,368	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186588	1,017,726	0	0	189,895	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880	6,251,608	0	0	1,362,100	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474102	8,555,550	52,150	0	4,056,203	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277394	19,776,221	0	27,003	5,485,805	73.00	
74.00	07400	RENAL DIALYSIS	0.487424	0	0	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0.267863	457,587	0	0	122,571	76.00	
76.97	07697	CARDIAC REHABILITATION	0.393013	1,207,207	0	0	474,448	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.299465	4,704,824	0	0	1,408,930	90.00	
91.00	09100	EMERGENCY	0.177358	9,563,665	0	0	1,696,192	91.00	
92.00	09200	OBSERVATION BEDS	0.768408	708,924	0	0	544,743	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		139,458,875	54,051	27,003	26,310,888	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)		139,458,875	54,051	27,003	26,310,888	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
6/29/2020 4:38 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
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.01
54.02	03630	ULTRA SOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (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	421	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
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
69.01	03140	CARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,724	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,490		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	25,145	7,490		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	25,145	7,490		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0280

Period:

Worksheet D

Component CCN: 14-T280

From 01/01/2019
To 12/31/2019Part II
Date/Time Prepared:
6/29/2020 4:38 pm

			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,836,040	95,238,453	0.019278	554	11
51.00	05100	RECOVERY ROOM	207,317	9,785,780	0.021186	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,778	5,574,937	0.058436	0	0
53.00	05300	ANESTHESIOLOGY	14,549	10,775,792	0.001350	1,238	2
54.00	05400	RADIOLOGY-DIAGNOSTIC	705,546	27,617,473	0.025547	34,896	891
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,769	3,427,526	0.011603	0	0
54.02	03630	ULTRA SOUND	32,438	7,181,515	0.004517	3,702	17
55.00	05500	RADIOLOGY-THERAPEUTIC	1,031,293	43,639,323	0.023632	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	215,606	73,419,922	0.002937	42,630	125
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,758	5,554,011	0.004638	10,480	49
59.00	05900	CARDIAC CATHETERIZATION	1,370,053	92,915,773	0.014745	17,030	251
60.00	06000	LABORATORY	703,200	78,896,852	0.008913	161,990	1,444
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,779	2,728,509	0.007982	2,015	16
64.00	06400	INTRAVENOUS THERAPY	276,732	21,976,619	0.012592	220	3
65.00	06500	RESPIRATORY THERAPY	103,106	19,070,623	0.005407	118,857	643
65.01	03560	PULMONARY FUNCTION TESTING	43,481	8,954,540	0.004856	65,133	316
66.00	06600	PHYSICAL THERAPY	73,082	10,494,804	0.006964	602,837	4,198
67.00	06700	OCCUPATIONAL THERAPY	31,608	5,604,797	0.005639	679,678	3,833
68.00	06800	SPEECH PATHOLOGY	19,953	1,600,876	0.012464	150,791	1,879
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0
69.01	03140	CARDIOLOGY	342,579	17,327,882	0.019770	5,768	114
70.00	07000	ELECTROENCEPHALOGRAPHY	30,411	5,585,201	0.005445	5,404	29
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	85,879	40,607,715	0.002115	64,515	136
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	203,105	61,923,617	0.003280	13,700	45
73.00	07300	DRUGS CHARGED TO PATIENTS	543,401	95,064,791	0.005716	196,290	1,122
74.00	07400	RENAL DIALYSIS	31,554	2,071,682	0.015231	106,245	1,618
76.00	03340	GASTRO INTESTINAL SERVICES	92,022	3,928,468	0.023424	5,096	119
76.97	07697	CARDIAC REHABILITATION	103,006	3,899,698	0.026414	158	4
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	217,593	15,494,089	0.014044	8,562	120
91.00	09100	EMERGENCY	950,259	81,185,381	0.011705	0	0
92.00	09200	OBSERVATION BEDS	0	6,390,817	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	9,676,897	857,937,466		2,297,789	16,985

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		554	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,238	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		34,896	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000		3,702	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		42,630	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		10,480	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		17,030	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		161,990	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		2,015	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		220	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		118,857	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		65,133	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		602,837	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		679,678	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		150,791	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000		5,768	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		5,404	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		64,515	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		13,700	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		196,290	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		106,245	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000		5,096	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		158	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		8,562	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000		0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,297,789	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0				50.00	
51.00	05100	RECOVERY ROOM	0	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	0	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0				54.01	
54.02	03630	ULTRA SOUND	0	0				54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00	
60.00	06000	LABORATORY	0	0				60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0				62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00	
65.00	06500	RESPIRATORY THERAPY	0	0				65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0				65.01	
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	
69.01	03140	CARDIOLOGY	0	0				69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00	
74.00	07400	RENAL DIALYSIS	0	0				74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0				76.00	
76.97	07697	CARDIAC REHABILITATION	0	0				76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98	
76.99	07699	LITHOTRIPSY	0	0				76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0				90.00	
91.00	09100	EMERGENCY	0	0				91.00	
92.00	09200	OBSERVATION BEDS	0	0				92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	0				200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0280

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

Worksheet D
Part IV
Date/Time Prepared:
6/29/2020 4:38 pm

Component CCN: 14-5564

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
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: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Skilled Nursing Facility		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	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,935	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	2,388	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	141,909	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	6,502	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	296,601	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	144,680	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	617,600	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	592,561	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	13,866	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	7,547	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	179,268	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	148,723	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	4,424	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			2,182,004	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm		
				Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description				Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01					
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM		0	0				50.00	
51.00	05100	RECOVERY ROOM		0	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0				52.00	
53.00	05300	ANESTHESIOLOGY		0	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0				54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0				54.01	
54.02	03630	ULTRA SOUND		0	0				54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0				55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION		0	0				59.00	
60.00	06000	LABORATORY		0	0				60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0				62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY		0	0				64.00	
65.00	06500	RESPIRATORY THERAPY		0	0				65.00	
65.01	03560	PULMONARY FUNCTION TESTING		0	0				65.01	
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	
69.01	03140	CARDIOLOGY		0	0				69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0				70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0				73.00	
74.00	07400	RENAL DIALYSIS		0	0				74.00	
76.00	03340	GASTRO INTESTINAL SERVICES		0	0				76.00	
76.97	07697	CARDIAC REHABILITATION		0	0				76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0				76.98	
76.99	07699	LITHOTRIPSY		0	0				76.99	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC		0	0				90.00	
91.00	09100	EMERGENCY		0	0				91.00	
92.00	09200	OBSERVATION BEDS		0	0				92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0				92.01	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50 through 199)		0	0				200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,681,344	0	1,681,344	41,297	40.71	30.00
31.00	INTENSIVE CARE UNIT	372,146		372,146	4,828	77.08	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	61,428		61,428	1,151	53.37	31.01
32.00	CORONARY CARE UNIT	233,262		233,262	6,838	34.11	32.00
41.00	SUBPROVIDER - IRF	142,911	0	142,911	2,529	56.51	41.00
43.00	NURSERY	68,647		68,647	1,894	36.24	43.00
44.00	SKILLED NURSING FACILITY	31,541		31,541	2,602	12.12	44.00
200.00	Total (lines 30 through 199)	2,591,279		2,591,279	61,139		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	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 4:38 pm
Title XIX				Hospital	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,836,040	95,238,453	0.019278	0	0	50.00
51.00 05100 RECOVERY ROOM	207,317	9,785,780	0.021186	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	325,778	5,574,937	0.058436	0	0	52.00
53.00 05300 ANESTHESIOLOGY	14,549	10,775,792	0.001350	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	705,546	27,617,473	0.025547	0	0	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	39,769	3,427,526	0.011603	0	0	54.01
54.02 03630 ULTRA SOUND	32,438	7,181,515	0.004517	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,031,293	43,639,323	0.023632	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	215,606	73,419,922	0.002937	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	25,758	5,554,011	0.004638	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,370,053	92,915,773	0.014745	0	0	59.00
60.00 06000 LABORATORY	703,200	78,896,852	0.008913	0	0	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	21,779	2,728,509	0.007982	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	276,732	21,976,619	0.012592	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	103,106	19,070,623	0.005407	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	43,481	8,954,540	0.004856	0	0	65.01
66.00 06600 PHYSICAL THERAPY	73,082	10,494,804	0.006964	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	31,608	5,604,797	0.005639	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	19,953	1,600,876	0.012464	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01 03140 CARDIOLOGY	342,579	17,327,882	0.019770	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	30,411	5,585,201	0.005445	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	85,879	40,607,715	0.002115	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	203,105	61,923,617	0.003280	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	543,401	95,064,791	0.005716	0	0	73.00
74.00 07400 RENAL DIALYSIS	31,554	2,071,682	0.015231	0	0	74.00
76.00 03340 GASTRO INTESTINAL SERVICES	92,022	3,928,468	0.023424	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	103,006	3,899,698	0.026414	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	217,593	15,494,089	0.014044	0	0	90.00
91.00 09100 EMERGENCY	950,259	81,185,381	0.011705	0	0	91.00
92.00 09200 OBSERVATION BEDS	233,575	6,390,817	0.036549	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	9,910,472	857,937,466		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 6/29/2020 4:38 pm		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost				
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	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	41,297	0.00	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,828	0.00	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	1,151	0.00	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	6,838	0.00	0	0	0	32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,529	0.00	0	0	0	41.00	
43.00	04300	NURSERY	0	0	1,894	0.00	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	2,602	0.00	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	61,139	0.00	0	0	0	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
32.00	03200	CORONARY CARE UNIT	0								32.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
6/29/2020 4:38 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm
			Title XIX		Hospital	PPS
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
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	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 4:38 pm
				Component CCN: 14-T280		
				Title XIX	Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,836,040	95,238,453	0.019278	0
51.00	05100	RECOVERY ROOM	207,317	9,785,780	0.021186	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,778	5,574,937	0.058436	0
53.00	05300	ANESTHESIOLOGY	14,549	10,775,792	0.001350	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	705,546	27,617,473	0.025547	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	39,769	3,427,526	0.011603	0
54.02	03630	ULTRA SOUND	32,438	7,181,515	0.004517	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,031,293	43,639,323	0.023632	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	215,606	73,419,922	0.002937	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	25,758	5,554,011	0.004638	0
59.00	05900	CARDIAC CATHETERIZATION	1,370,053	92,915,773	0.014745	0
60.00	06000	LABORATORY	703,200	78,896,852	0.008913	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,779	2,728,509	0.007982	0
64.00	06400	INTRAVENOUS THERAPY	276,732	21,976,619	0.012592	0
65.00	06500	RESPIRATORY THERAPY	103,106	19,070,623	0.005407	0
65.01	03560	PULMONARY FUNCTION TESTING	43,481	8,954,540	0.004856	0
66.00	06600	PHYSICAL THERAPY	73,082	10,494,804	0.006964	0
67.00	06700	OCCUPATIONAL THERAPY	31,608	5,604,797	0.005639	0
68.00	06800	SPEECH PATHOLOGY	19,953	1,600,876	0.012464	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0
69.01	03140	CARDIOLOGY	342,579	17,327,882	0.019770	0
70.00	07000	ELECTROENCEPHALOGRAPHY	30,411	5,585,201	0.005445	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	85,879	40,607,715	0.002115	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	203,105	61,923,617	0.003280	0
73.00	07300	DRUGS CHARGED TO PATIENTS	543,401	95,064,791	0.005716	0
74.00	07400	RENAL DIALYSIS	31,554	2,071,682	0.015231	0
76.00	03340	GASTRO INTESTINAL SERVICES	92,022	3,928,468	0.023424	0
76.97	07697	CARDIAC REHABILITATION	103,006	3,899,698	0.026414	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	217,593	15,494,089	0.014044	0
91.00	09100	EMERGENCY	950,259	81,185,381	0.011705	0
92.00	09200	OBSERVATION BEDS	0	6,390,817	0.000000	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)	9,676,897	857,937,466		0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm
			Title XIX		Subprovider - IRF	PPS
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
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	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Skilled Nursing Facility		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	95,238,453	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	9,785,780	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	5,574,937	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	10,775,792	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	27,617,473	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,427,526	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	7,181,515	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	43,639,323	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	73,419,922	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	5,554,011	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	92,915,773	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	78,896,852	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,728,509	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	21,976,619	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	19,070,623	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	8,954,540	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	10,494,804	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,604,797	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,600,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,327,882	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	5,585,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	40,607,715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	61,923,617	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	95,064,791	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	2,071,682	0.000000	74.00
76.00	03340	GASTRO INTESTINAL SERVICES		0	0	0	3,928,468	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	3,899,698	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,494,089	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	81,185,381	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	6,390,817	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	857,937,466		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
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: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 4:38 pm
			Title XIX		Skilled Nursing Facility	PPS
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
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	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03340	GASTRO INTESTINAL SERVICES	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
200.00		Total (lines 50 through 199)	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 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)		41,297	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,297	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)		35,560	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)		11,335	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)		35,349,280	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)		35,349,280	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)		35,349,280	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)		855.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,702,533	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,702,533	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,404,779	4,828	1,533.72	1,721	2,639,532	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,120,769	1,151	1,842.54	0	0	43.01
44.00	CORONARY CARE UNIT	6,556,650	6,838	958.85	3,218	3,085,579	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,007,224	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,434,868	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					703,869	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,082,610	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,786,479	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,648,389	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,737	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,910,757	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,681,344	35,349,280	0.047564	4,910,757	233,575
91.00	Nursing School cost	0	35,349,280	0.000000	4,910,757	0
92.00	Allied health cost	0	35,349,280	0.000000	4,910,757	0
93.00	All other Medical Education	0	35,349,280	0.000000	4,910,757	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,529	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,529	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)		2,529	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,171	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)		2,509,284	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)		2,509,284	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)		2,509,284	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)		992.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,161,866	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,161,866	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					621,074
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,782,940
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					66,173
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,985
52.00	Total Program excludable cost (sum of lines 50 and 51)					83,158
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,699,782
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	142,911	2,509,284	0.056953	0	0 90.00
91.00	Nursing School cost	0	2,509,284	0.000000	0	0 91.00
92.00	Allied health cost	0	2,509,284	0.000000	0	0 92.00
93.00	All other Medical Education	0	2,509,284	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Skilled Nursing Facility	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)		2,602	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,602	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)		2,602	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,409	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)		2,045,552	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)		2,045,552	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)		2,045,552	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL INTENSIVE CARE UNIT						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						2,045,552 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						786.15 71.00
72.00	Program routine service cost (line 9 x line 71)						1,107,685 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						1,107,685 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						1,107,685 83.00
84.00	Program inpatient ancillary services (see instructions)						539,045 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						1,646,730 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
			Title XVIII		Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
		Title XIX	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)		41,297	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,297	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)		35,560	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,894	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)		35,349,280	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)		35,349,280	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)		35,349,280	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)		855.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0280

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

Worksheet D-1

Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,549,915	1,894	818.33	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,404,779	4,828	1,533.72	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	2,120,769	1,151	1,842.54	0	0	43.01
44.00	CORONARY CARE UNIT	6,556,650	6,838	958.85	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					5,737	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					855.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,910,757	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		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	1,681,344	35,349,280	0.047564	4,910,757	233,575		90.00	
91.00	Nursing School cost	0	35,349,280	0.000000	4,910,757	0		91.00	
92.00	Allied health cost	0	35,349,280	0.000000	4,910,757	0		92.00	
93.00	All other Medical Education	0	35,349,280	0.000000	4,910,757	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,529	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,529	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)		2,529	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,894	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)		2,509,284	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)		2,509,284	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)		2,509,284	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)		992.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-T280		Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
		Title XIX		Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	142,911	2,509,284	0.056953	0	0	90.00
91.00 Nursing School cost	0	2,509,284	0.000000	0	0	91.00
92.00 Allied health cost	0	2,509,284	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,509,284	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
		Title XIX	Skilled Nursing Facility	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)		2,602	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,602	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)		2,602	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,894	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)		2,045,552	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)		2,045,552	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)		2,045,552	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm	
				Title XIX		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	NEONATAL INTENSIVE CARE UNIT						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,045,552	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					786.15	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					31,541	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					12.12	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0280 Component CCN: 14-5564		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 4:38 pm
			Title XIX		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 4:38 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		13,529,241	30.00
31.00	03100	INTENSIVE CARE UNIT		4,293,961	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		5,589,278	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.205977	13,989,273	50.00
51.00	05100	RECOVERY ROOM	0.411071	1,044,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.643127	5,354	52.00
53.00	05300	ANESTHESIOLOGY	0.040474	1,548,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.183671	2,584,629	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.418432	277,131	54.01
54.02	03630	ULTRA SOUND	0.156907	327,554	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102435	174,469	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.036824	7,231,821	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.210985	1,399,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078471	9,185,200	59.00
60.00	06000	LABORATORY	0.221214	10,370,858	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.492020	1,058,110	63.00
64.00	06400	INTRAVENOUS THERAPY	0.222279	1,891,806	64.00
65.00	06500	RESPIRATORY THERAPY	0.147594	6,999,140	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.181582	2,682,589	65.01
66.00	06600	PHYSICAL THERAPY	0.324231	1,758,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.238969	953,237	67.00
68.00	06800	SPEECH PATHOLOGY	0.345744	241,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.129942	3,598,652	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186588	562,474	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880	8,308,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474102	15,512,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277394	14,119,025	73.00
74.00	07400	RENAL DIALYSIS	0.487424	1,352,633	74.00
76.00	03340	GASTRO INTESTINAL SERVICES	0.267863	959,543	76.00
76.97	07697	CARDIAC REHABILITATION	0.393013	156,443	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.300315	693,198	90.00
91.00	09100	EMERGENCY	0.180305	5,192,249	91.00
92.00	09200	OBSERVATION BEDS	0.768408	358,285	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		114,535,936	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)		114,535,936	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 4:38 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		1,648,071		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.205977	554	114	50.00
51.00	05100 RECOVERY ROOM	0.411071	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.643127	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.040474	1,238	50	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.183671	34,896	6,409	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.418432	0	0	54.01
54.02	03630 ULTRA SOUND	0.156907	3,702	581	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.102435	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.036824	42,630	1,570	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.210985	10,480	2,211	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.078471	17,030	1,336	59.00
60.00	06000 LABORATORY	0.221214	161,990	35,834	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.492020	2,015	991	63.00
64.00	06400 INTRAVENOUS THERAPY	0.222279	220	49	64.00
65.00	06500 RESPIRATORY THERAPY	0.147594	118,857	17,543	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.181582	65,133	11,827	65.01
66.00	06600 PHYSICAL THERAPY	0.324231	602,837	195,458	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238969	679,678	162,422	67.00
68.00	06800 SPEECH PATHOLOGY	0.345744	150,791	52,135	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	0.129942	5,768	750	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.186588	5,404	1,008	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880	64,515	14,057	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.474102	13,700	6,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277394	196,290	54,450	73.00
74.00	07400 RENAL DIALYSIS	0.487424	106,245	51,786	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.267863	5,096	1,365	76.00
76.97	07697 CARDIAC REHABILITATION	0.393013	158	62	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.300315	8,562	2,571	90.00
91.00	09100 EMERGENCY	0.180305	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.768408	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,297,789	621,074	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,297,789		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 4:38 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.205977	0	0	50.00
51.00	05100 RECOVERY ROOM	0.411071	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.643127	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.040474	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.183671	25,935	4,764	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.418432	0	0	54.01
54.02	03630 ULTRA SOUND	0.156907	2,388	375	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.102435	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.036824	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.210985	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.078471	0	0	59.00
60.00	06000 LABORATORY	0.221214	141,909	31,392	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.492020	6,502	3,199	63.00
64.00	06400 INTRAVENOUS THERAPY	0.222279	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.147594	296,601	43,777	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.181582	144,680	26,271	65.01
66.00	06600 PHYSICAL THERAPY	0.324231	617,600	200,245	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.238969	592,561	141,604	67.00
68.00	06800 SPEECH PATHOLOGY	0.345744	13,866	4,794	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 CARDIOLOGY	0.129942	7,547	981	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.186588	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.217880	179,268	39,059	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.474102	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277394	148,723	41,255	73.00
74.00	07400 RENAL DIALYSIS	0.487424	0	0	74.00
76.00	03340 GASTRO INTESTINAL SERVICES	0.267863	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.393013	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.300315	4,424	1,329	90.00
91.00	09100 EMERGENCY	0.180305	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.768408	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,182,004	539,045	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		2,182,004		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 4:38 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Reclass	On/After GEO Reclass	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	27,748,124		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,897,464		5,834,643	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		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		0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount	0		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	363,466		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	21,010		24,717	2.04
3.00	Managed Care Simulated Payments	0		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	285.28			4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		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	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	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	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.02		30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.57		31.00
32.00	Sum of lines 30 and 31		30.59		32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.45	12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		1,107,072	175,039	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 4:38 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	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,262,423	1,880,926	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,692,168	472,801	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,164,969		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	33,829,304	6,507,200	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0	0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		40,336,504	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,110,267	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,446,771	59.00
60.00	Primary payer payments		21,876	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,424,895	61.00
62.00	Deductibles billed to program beneficiaries		3,741,736	62.00
63.00	Coinurance billed to program beneficiaries		111,441	63.00
64.00	Allowable bad debts (see instructions)		782,010	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		508,307	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		611,570	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,080,025	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-154,214	70.93
70.94	HRR adjustment amount (see instructions)		-249,812	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 4:38 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)		430,427	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,245,572	71.00
71.01	Sequestration adjustment (see instructions)		784,911	71.01
71.02	Demonstration payment adjustment amount after sequestration		263,029	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		38,079,735	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		117,897	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		739,823	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,748,124	0	27,722,249			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,732,107	0		8,725,877	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	363,466	0	363,466			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	45,727	0		45,726	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1445	0.1445	0.1445	0.1445	0.1200	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,282,111	0	966,889	315,222	0	11.00
11.01	Uncompensated care payments	36.00	2,164,969	0	1,692,168	472,801	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,336,504	0	30,776,878	9,559,626	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,336,504	0	30,776,878	9,559,626	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,110,267	0	2,375,335	734,932	0	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	33,152,213	10,294,558	0	19.00
		W/S L, line	(Amounts from L)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
20.00	Capital DRG other than outlier	1.00	2,478,953	0	1,788,450	690,503	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	11,240	0	10,934	306	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0639	0.0639	0.0639	0.0639	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	158,405	0	114,282	44,123	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,110,267	0	2,375,335	734,932	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
27.00	Low volume adjustment factor				0.000000	0.000000	0.000000	27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
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	27,722,249			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	8,725,877			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	363,466			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	45,726			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	0			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	0			6.00
6.01	IME payment adjustment for managed care (see instructions)	0			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	0			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	0			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	1,282,111			11.00
11.01	Uncompensated care payments	2,164,969			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	40,336,504			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	40,336,504			15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	3,110,267			16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	0			17.00
17.01	Net organ aquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	43,446,771			19.00
		5.00			
20.00	Capital DRG other than outlier	2,478,953			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	11,240			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	0			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	158,405			25.00
26.00	Total prospective capital payments (see instructions)	3,110,267			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
		0	1.00	2.00	3.00	3.01	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,748,124	27,748,124		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,732,107		2,897,464	5,834,643	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	363,466	363,466			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	45,727		21,010	24,717	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1445	0.1445	0.1445	0.1200	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,282,111	1,002,401	104,671	175,039	11.00
11.01	Uncompensated care payments	36.00	2,164,969	1,692,168	472,801	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,336,504	30,806,159	3,495,946	6,034,399	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,336,504	30,806,159	3,495,946	6,034,399	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,110,267	2,375,335	734,932	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,181,494	4,230,878	6,034,399	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
20.00	Capital DRG other than outlier	1.00	2,940,622	2,250,119	690,503	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	11,240	10,934	306	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0639	0.0639	0.0639	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	158,405	114,282	44,123	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,110,267	2,375,335	734,932	0	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-154,214	-191,734	37,520	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-249,812	-188,511	-61,081	-220	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
		0	1.00	2.00	Urban	Rural	
					3.00	3.01	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		328,012	42,073	60,342	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2020 4:38 pm

		Title XVIII		Hospital	PPS
		Total (cols. 2 and 3)			
		4.00			
1.00	DRG amounts other than outlier payments				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	27,748,124			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	8,732,107			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	363,466			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	45,727			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	0			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	0			6.00
6.01	IME payment adjustment for managed care (see instructions)	0			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	0			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	0			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	1,282,111			11.00
11.01	Uncompensated care payments	2,164,969			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	40,336,504			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	40,336,504			15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	3,110,267			16.00
17.00	Special add-on payments for new technologies	0			17.00
17.01	Net organ acquisition cost	0			17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	43,446,771			19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 4:38 pm
			Title XVIII	Hospital	PPS
			4.00		
20.00	Capital DRG other than outlier	2,940,622			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	11,240			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	0			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	158,405			25.00
26.00	Total prospective capital payments (see instructions)	3,110,267			26.00
			4.00		
27.00					27.00
28.00	Low volume adjustment prior to October 1	0			28.00
29.00	Low volume adjustment on or after October 1	0			29.00
30.00	HVBP payment adjustment (see instructions)	-154,214			30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0			30.01
31.00	HRR adjustment (see instructions)	-249,812			31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0			31.01
			(Amt. to Wkst. E, Pt. A)		
			4.00		
32.00	HAC Reduction Program adjustment (see instructions)	430,427			32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,635	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,310,888	2.00
3.00	OPPS payments		29,502,300	3.00
4.00	Outlier payment (see instructions)		6,105	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)		32,635	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,054	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)		81,054	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)		81,054	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,419	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)		32,635	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)		29,508,405	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,810	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,210,136	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)		24,320,094	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)		24,320,094	30.00
31.00	Primary payer payments		7,339	31.00
32.00	Subtotal (line 30 minus line 31)		24,312,755	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		658,116	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		427,775	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		499,916	36.00
37.00	Subtotal (see instructions)		24,740,530	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-59	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		400	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,740,589	40.00
40.01	Sequestration adjustment (see instructions)		494,812	40.01
40.02	Demonstration payment adjustment amount after sequestration		227,561	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		24,177,043	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-158,827	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 4:38 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		38,079,735		24,177,043	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		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,079,735		24,177,043	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		117,897		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		158,827	6.02	
7.00	Total Medicare program liability (see instructions)		38,197,632		24,018,216	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0280

Period:

Worksheet E-1

Component CCN: 14-T280

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
6/29/2020 4:38 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,777,991		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,777,991		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		6,543		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,784,534		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0280
 Component CCN: 14-5564

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 6/29/2020 4:38 pm

		Title XVIII		Skilled Nursing Facility		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		653,367		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		653,367		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1		0	6.02	
7.00	Total Medicare program liability (see instructions)		653,366		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 4:38 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-T280	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,699,335	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0022	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		67,124	3.00
4.00	Outlier Payments		77,388	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		6.928767	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		1,843,847	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		1,843,847	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,843,847	19.00
20.00	Deductibles		4,092	20.00
21.00	Subtotal (line 19 minus line 20)		1,839,755	21.00
22.00	Coinsurance		5,456	22.00
23.00	Subtotal (line 21 minus line 22)		1,834,299	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,576	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,674	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,835,973	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		1,835,973	32.00
32.01	Sequestration adjustment (see instructions)		36,719	32.01
32.02	Demonstration payment adjustment amount after sequestration		14,720	32.02
33.00	Interim payments		1,777,991	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		6,543	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,378	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		77,388	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0280 Component CCN: 14-5564	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VI Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			688,966 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			688,966 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			15,175 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			673,791 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			673,791 15.00
15.01	Sequestration adjustment (see instructions)			13,476 15.01
15.02	Demonstration payment adjustment amount after sequestration			6,949 15.02
16.00	Interim payments			653,367 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			-1 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

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

Provider CCN: 14-0280

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

Worksheet G

Date/Time Prepared:
6/29/2020 4:38 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	189,655	0	0	0	1.00
2.00	Temporary investments	337,943	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	173,733,704	0	0	0	4.00
5.00	Other receivable	3,330,231	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-136,198,889	0	0	0	6.00
7.00	Inventory	8,791,063	0	0	0	7.00
8.00	Prepaid expenses	1,863,154	0	0	0	8.00
9.00	Other current assets	5,142,739	0	0	0	9.00
10.00	Due from other funds	10,330,369	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	67,519,969	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,970,173	0	0	0	12.00
13.00	Land improvements	10,719,782	0	0	0	13.00
14.00	Accumulated depreciation	-7,410,731	0	0	0	14.00
15.00	Buildings	300,437,111	0	0	0	15.00
16.00	Accumulated depreciation	-173,609,267	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	3,036,729	0	0	0	19.00
20.00	Accumulated depreciation	-1,098,980	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	117,967,775	0	0	0	23.00
24.00	Accumulated depreciation	-81,047,023	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)	175,965,569	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	37,393,162	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	199,716,127	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	237,109,289	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	480,594,827	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,700,687	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,247,516	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,039,055	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	144,474,269	0	0	0	43.00
44.00	Other current liabilities	11,772,752	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	188,234,279	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,356,384	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,356,384	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	209,590,663	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	271,004,164				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	271,004,164	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	480,594,827	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0280

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

Worksheet G-1

Date/Time Prepared:
6/29/2020 4:38 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		254,086,790		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		23,958,775				2.00
3.00	Total (sum of line 1 and line 2)		278,045,565		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		278,045,565		0		11.00
12.00	HOME OFFICE AND RELATED PROVIDERS	7,041,401		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)		7,041,401		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,004,164		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	HOME OFFICE AND RELATED PROVIDERS		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: 14-0280

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 4:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	47,413,826		47,413,826	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,690,258		3,690,258	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,794,086		2,794,086	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)	53,898,170		53,898,170	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,179,993		13,179,993	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	2,546,388		2,546,388	11.01
12.00	CORONARY CARE UNIT	12,447,111		12,447,111	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,173,492		28,173,492	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,071,662		82,071,662	17.00
18.00	Ancillary services	299,755,255	566,169,436	865,924,691	18.00
19.00	Outpatient services	0	16,503,623	16,503,623	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REV	0	39,046,159	39,046,159	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	381,826,917	621,719,218	1,003,546,135	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,585,498		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)		306,585,498		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0280

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

Worksheet G-3

Date/Time Prepared:
6/29/2020 4:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,003,546,135	1.00
2.00	Less contractual allowances and discounts on patients' accounts	684,917,661	2.00
3.00	Net patient revenues (line 1 minus line 2)	318,628,474	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,585,498	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,042,976	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	11,915,799	24.00
25.00	Total other income (sum of lines 6-24)	11,915,799	25.00
26.00	Total (line 5 plus line 25)	23,958,775	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,958,775	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0280	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 4:38 pm
		Title XVIII	Hospital	PPS
			Urban	Rural
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	2,478,953	461,669	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	11,240		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)	135.11		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)	5.02		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	25.57		8.00
9.00	Sum of lines 7 and 8	30.59		9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.39		10.00
11.00	Disproportionate share adjustment (see instructions)	158,405		11.00
12.00	Total prospective capital payments (see instructions)	3,110,267		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