

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: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/27/2019 8:41 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/27/2019	Time: 8:41 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ALEXIUS MEDICAL CENTER (14-0290) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HENRY ZEISEL

Officer or Administrator of Provider(s)

CFO

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	195,774	-190,228	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	195,774	-190,228	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: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:41 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1555 BARRINGTON ROAD			PO Box:				1.00		
2.00	City: HOFFMAN ESTATES			State: IL		Zip Code: 60194		County: COOK 2.00		
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
				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			ST. ALEXIUS MEDICAL CENTER	140290	16974	1	09/16/1979	N P O 3.00	
4.00	Subprovider - IPF								4.00	
5.00	Subprovider - IRF								5.00	
6.00	Subprovider - (Other)								6.00	
7.00	Swing Beds - SNF								7.00	
8.00	Swing Beds - NF								8.00	
9.00	Hospital-Based SNF								9.00	
10.00	Hospital-Based NF								10.00	
11.00	Hospital-Based OLTC								11.00	
12.00	Hospital-Based HHA								12.00	
13.00	Separately Certified ASC								13.00	
14.00	Hospital-Based Hospice								14.00	
15.00	Hospital-Based Health Clinic - RHC								15.00	
16.00	Hospital-Based Health Clinic - FQHC								16.00	
17.00	Hospital-Based (CMHC) I								17.00	
18.00	Renal Dialysis								18.00	
19.00	Other								19.00	
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00	
21.00	Type of Control (see instructions)						1		21.00	
								1.00	2.00 3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00	
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
					1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				3,478	5,442	5	0	11,460	0 24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:41 am		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1	07/01/2016	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	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.						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.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
						1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)						N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/27/2019 8:41 am

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

Worksheet S-2
Part I
Date/Time Prepared:
11/27/2019 8:41 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:41 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	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.				109.00
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00	

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,526,776	0	0	
		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	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149019	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/27/2019 8:41 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: ALEXIAN BROTHERS HOSPITAL NETWORK		Contractor's Name: WPS		Contractor's Number: 05901				141.00	
142.00	Street: 3040 SALT CREEK LANE		PO Box:						142.00	
143.00	City: ARLINGTON HEIGHTS,		State: IL		Zip Code:		60005		143.00	
									1.00	
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
									1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
									1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N		155.00	
156.00	Subprovider - IPF			N	N	N	N		156.00	
157.00	Subprovider - IRF			N	N	N	N		157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF			N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00	
161.00	CMHC				N	N	N		161.00	
									1.00	
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00
									1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.25	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2015	09/30/2016		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/27/2019 8:41 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					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.	N	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.					N	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	10/01/2019	N	10/18/2018		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: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/27/2019 8:41 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY JO		MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-312-7270		MARYJO.MACKNISKAS@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		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: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
1.00	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)	30.00	267	97,455	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)		267	97,455	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,775	0.00	0	8.00
8.01 NEONATAL NICU	31.01	16	5,840	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		318	116,070	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,780	5,448	57,763			1.00
2.00	HMO and other (see instructions)	0	11,460				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	20,780	5,448	57,763			7.00
8.00	INTENSIVE CARE UNIT	2,008	199	5,077			8.00
8.01	NEONATAL NICU	0	1,722	7,888			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		1,489	6,387			13.00
14.00	Total (see instructions)	22,788	8,858	77,115	0.00	1,329.33	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,329.33	27.00
28.00	Observation Bed Days		0	10,941			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	67	1,440			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: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,586	836	16,621	1.00
2.00 HMO and other (see instructions)			0	1,259		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL NICU						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	4,586	836	16,621	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 8:41 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	99,762,584	50,923	99,813,507	2,765,003.00	36.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		505,203	0	505,203	14,914.00	33.87
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		264,463	0	264,463	2,654.00	99.65
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		701,221	0	701,221	4,233.00	165.66
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		25,610,856	0	25,610,856	587,286.00	43.61
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,469,636	0	22,469,636		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		145,825	0	145,825		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,217,541	0	7,217,541		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-50,923	50,923	0	0.00	0.00
27.00	Administrative & General	5.00	6,166,813	0	6,166,813	216,600.00	28.47

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/27/2019 8:41 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	3,269,791	0	3,269,791	18,107.00	180.58	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	3,812,348	0	3,812,348	152,390.00	25.02	33.00
34.00	Dietary	76,365	-41,761	34,604	751.50	46.05	34.00
35.00	Dietary under contract (see instructions)	3,709,438	0	3,709,438	147,968.00	25.07	35.00
36.00	Cafeteria	0	41,761	41,761	918.50	45.47	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,920,316	0	3,920,316	77,018.00	50.90	38.00
39.00	Central Services and Supply	434,935	0	434,935	20,830.00	20.88	39.00
40.00	Pharmacy	3,963,055	0	3,963,055	90,860.00	43.62	40.00
41.00	Medical Records & Medical Records Library	539,611	0	539,611	25,800.00	20.92	41.00
42.00	Social Service	2,134,188	0	2,134,188	52,049.00	41.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/27/2019 8:41 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	110,554,161	50,923	110,605,084	3,083,468.00	35.87	1.00
2.00	Excluded area salaries (see instructions)	505,203	0	505,203	14,914.00	33.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	110,048,958	50,923	110,099,881	3,068,554.00	35.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,576,540	0	26,576,540	594,173.00	44.73	4.00
5.00	Subtotal wage-related costs (see inst.)	29,687,177	0	29,687,177	0.00	26.96	5.00
6.00	Total (sum of lines 3 thru 5)	166,312,675	50,923	166,363,598	3,662,727.00	45.42	6.00
7.00	Total overhead cost (see instructions)	27,975,937	50,923	28,026,860	803,292.00	34.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2019 8:41 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,674,755 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,354,396 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)			10,763,164 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			-534,345 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-181,974 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)			416,329 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			718,741 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			7,204,351 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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			200,045 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,615,462 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,358,393	0	1.00
2.00	Hospital	1,358,393	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0290

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

Worksheet S-10

Date/Time Prepared:
11/27/2019 8:41 am

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.179062	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			54,855,653	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			295,808,859	6.00
7.00	Medicaid cost (line 1 times line 6)			52,968,126	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)	49,799,468	1,884,510	51,683,978	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,917,192	1,884,510	10,801,702	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,917,192	1,884,510	10,801,702	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,647,646	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			709,624	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,091,728	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,555,918	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,272,268	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,073,970	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,073,970	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0290

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,151,595	10,151,595	11,888,907	22,040,502	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,532,903	5,532,903	2,561,227	8,094,130	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-50,923	15,114,469	15,063,546	372,444	15,435,990	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,166,813	107,505,340	113,672,153	-1,941,322	111,730,831	5.00
7.00	00700	OPERATION OF PLANT	0	2,813,490	2,813,490	0	2,813,490	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	656,989	656,989	8.00
9.00	00900	HOUSEKEEPING	0	5,070,286	5,070,286	-656,989	4,413,297	9.00
10.00	01000	DIETARY	76,365	5,582,655	5,659,020	-3,377,802	2,281,218	10.00
11.00	01100	CAFETERIA	0	183,012	183,012	3,377,802	3,560,814	11.00
13.00	01300	NURSING ADMINISTRATION	3,920,316	1,088,711	5,009,027	-449,295	4,559,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	434,935	631,995	1,066,930	-525,077	541,853	14.00
15.00	01500	PHARMACY	3,963,055	14,476,388	18,439,443	-14,051,631	4,387,812	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	539,611	133,598	673,209	-15,796	657,413	16.00
17.00	01700	SOCIAL SERVICE	2,134,188	235,714	2,369,902	0	2,369,902	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,140,239	4,772,300	32,912,539	-1,484,623	31,427,916	30.00
31.00	03100	INTENSIVE CARE UNIT	5,046,605	1,178,444	6,225,049	-521,698	5,703,351	31.00
31.01	02060	NEONATAL NICU	6,709,662	1,492,750	8,202,412	-506,663	7,695,749	31.01
43.00	04300	NURSERY	739,352	78,926	818,278	-22,506	795,772	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,312,456	21,785,317	27,097,773	-20,710,473	6,387,300	50.00
50.01	05001	ENDOSCOPY	1,057,408	752,996	1,810,404	-593,244	1,217,160	50.01
51.00	05100	RECOVERY ROOM	1,290,928	191,677	1,482,605	-58,298	1,424,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,032,144	1,123,467	5,155,611	-593,929	4,561,682	52.00
53.00	05300	ANESTHESIOLOGY	82,174	508,073	590,247	-366,916	223,331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,456,129	564,715	3,020,844	-221,737	2,799,107	54.00
54.01	03630	ULTRASOUND	1,143,219	206,753	1,349,972	-57,330	1,292,642	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	631,310	707,553	1,338,863	-645,563	693,300	54.02
54.03	03440	MAMMOGRAPHY	921,560	334,395	1,255,955	-201,520	1,054,435	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	604,086	113,168	717,254	-69,640	647,614	55.00
56.00	05600	RADIOISOTOPE	421,135	1,433,783	1,854,918	-1,377,553	477,365	56.00
57.00	05700	CT SCAN	1,172,927	575,143	1,748,070	-364,247	1,383,823	57.00
58.00	05800	MRI	867,803	698,057	1,565,860	-637,798	928,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,317,157	3,139,284	4,456,441	-2,988,985	1,467,456	59.00
60.00	06000	LABORATORY	2,737,489	5,497,442	8,234,931	-216,487	8,018,444	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	396,791	954,941	1,351,732	-49,959	1,301,773	63.00
64.00	06400	INTRAVENOUS THERAPY	325,305	375,904	701,209	-278,507	422,702	64.00
65.00	06500	RESPIRATORY THERAPY	1,779,668	1,122,835	2,902,503	-779,956	2,122,547	65.00
66.00	06600	PHYSICAL THERAPY	2,508,121	201,327	2,709,448	-3,931	2,705,517	66.00
66.01	06601	REHAB OUTPATIENT	1,581,847	525,916	2,107,763	-313,153	1,794,610	66.01
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	882,807	110,980	993,787	-31,974	961,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	191,651	31,754	223,405	-15,359	208,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,937,930	19,937,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,603,650	12,603,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,211,800	13,211,800	73.00
74.00	07400	RENAL DIALYSIS	0	922,928	922,928	-5,443	917,485	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	41,931	2,579	44,510	0	44,510	90.01
90.02	09001	PROCEDURE CLINIC	1,894,653	292,314	2,186,967	-127,625	2,059,342	90.02
90.04	09002	EPILEPSY MONITORING UNIT	192,352	15,967	208,319	0	208,319	90.04
90.05	09003	OFFSITE IMAGING CENTER	440,375	346,171	786,546	-204,123	582,423	90.05
91.00	09100	EMERGENCY	7,153,737	3,632,177	10,785,914	-1,041,647	9,744,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		8,887,452	8,887,452	-8,887,452	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,257,381	231,097,644	330,355,025	214,498	330,569,523	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,005	700,888	808,893	0	808,893	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	125,286	-88,848	36,438	0	36,438	192.00
192.01	19201	POB	59,840	4,840,206	4,900,046	-214,498	4,685,548	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	212,072	937,088	1,149,160	0	1,149,160	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	99,762,584	237,486,978	337,249,562	0	337,249,562	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0290

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

Worksheet A

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,768,388	14,272,114	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,322,599	16,416,729	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,435,990	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-44,559,341	67,171,490	5.00
7.00	00700	OPERATION OF PLANT	5,639,532	8,453,022	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	656,989	8.00
9.00	00900	HOUSEKEEPING	0	4,413,297	9.00
10.00	01000	DIETARY	0	2,281,218	10.00
11.00	01100	CAFETERIA	-1,052,105	2,508,709	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,559,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	541,853	14.00
15.00	01500	PHARMACY	-17,579	4,370,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,937	653,476	16.00
17.00	01700	SOCIAL SERVICE	0	2,369,902	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	508,038	31,935,954	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,703,351	31.00
31.01	02060	NEONATAL NICU	0	7,695,749	31.01
43.00	04300	NURSERY	0	795,772	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,387,300	50.00
50.01	05001	ENDOSCOPY	0	1,217,160	50.01
51.00	05100	RECOVERY ROOM	0	1,424,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,561,682	52.00
53.00	05300	ANESTHESIOLOGY	0	223,331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-48,000	2,751,107	54.00
54.01	03630	ULTRASOUND	0	1,292,642	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	693,300	54.02
54.03	03440	MAMMOGRAPHY	0	1,054,435	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	647,614	55.00
56.00	05600	RADIOISOTOPE	0	477,365	56.00
57.00	05700	CT SCAN	0	1,383,823	57.00
58.00	05800	MRI	0	928,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,900	1,463,556	59.00
60.00	06000	LABORATORY	-232,500	7,785,944	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,301,773	63.00
64.00	06400	INTRAVENOUS THERAPY	0	422,702	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,122,547	65.00
66.00	06600	PHYSICAL THERAPY	-9,700	2,695,817	66.00
66.01	06601	REHAB OUTPATIENT	0	1,794,610	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	961,813	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	208,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,937,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,603,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,211,800	73.00
74.00	07400	RENAL DIALYSIS	0	917,485	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	44,510	90.01
90.02	09001	PROCEDURE CLINIC	0	2,059,342	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	208,319	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	582,423	90.05
91.00	09100	EMERGENCY	-1,277,903	8,466,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-40,503,184	290,066,339	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	808,893	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	104,687	141,125	192.00
192.01	19201	POB	-5,616,246	-930,698	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	1,149,160	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-46,014,743	291,234,819	200.00

RECLASSIFICATIONS

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,704,918		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,561,227		2.00
3.00	ENDOSCOPY	50.01	0	47,499		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
	0		0	5,313,644		
	B - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,937,930		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	560,566		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	20,498,496		
	C - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,211,800		1.00
	0		0	13,211,800		
	E - RECLASS LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	656,989		1.00
	0		0	656,989		
	F - RECLASS CAFETERIA COSTGS					
1.00	CAFETERIA	11.00	41,761	3,336,041		1.00
	0		41,761	3,336,041		
	G - RECLASS WORKERS COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	372,444		1.00
	0		0	372,444		
	H - RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,887,452		1.00
	0		0	8,887,452		
	I - CAPITAL RELATED INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	296,537		1.00
	TOTALS		0	296,537		

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,603,650	1.00	
2.00	PROCEDURE CLINIC	90.02	0	300	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	
	0		0	12,603,950		
	K - NEGATIVE SALARY EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	50,923	0	1.00	
	TOTALS		50,923	0		
500.00	Grand Total: Increases		92,684	65,177,353	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
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To 06/30/2019Worksheet A-6
Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS LEASE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,830,272	10	1.00
2.00	NURSING ADMINISTRATION	13.00	0	275,627	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	284,439	0	3.00
4.00	PHARMACY	15.00	0	41,368	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	25,801	0	5.00
6.00	OPERATING ROOM	50.00	0	706,952	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	160,768	0	7.00
8.00	MAMMOGRAPHY	54.03	0	104,682	0	8.00
9.00	CT SCAN	57.00	0	105,401	0	9.00
10.00	MRI	58.00	0	442,553	0	10.00
11.00	LABORATORY	60.00	0	96,546	0	11.00
12.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	49,959	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	489,731	0	13.00
14.00	REHAB OUTPATIENT	66.01	0	293,571	0	14.00
15.00	OFFSITE IMAGING CENTER	90.05	0	191,476	0	15.00
16.00	POB	192.01	0	214,498	0	16.00
	0		0	5,313,644		
	B - RECLASS MEDICAL SUPPLIES					
1.00	NURSING ADMINISTRATION	13.00	0	173,668	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	240,638	0	2.00
3.00	PHARMACY	15.00	0	798,463	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,458,822	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	517,598	0	5.00
6.00	NEONATAL NICU	31.01	0	502,945	0	6.00
7.00	NURSERY	43.00	0	22,506	0	7.00
8.00	OPERATING ROOM	50.00	0	9,007,833	0	8.00
9.00	ENDOSCOPY	50.01	0	571,679	0	9.00
10.00	RECOVERY ROOM	51.00	0	58,298	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	568,855	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	366,916	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,969	0	13.00
14.00	ULTRASOUND	54.01	0	57,330	0	14.00
15.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	416,049	0	15.00
16.00	MAMMOGRAPHY	54.03	0	96,838	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	69,640	0	17.00
18.00	RADIOISOTOPE	56.00	0	1,377,553	0	18.00
19.00	CT SCAN	57.00	0	258,846	0	19.00
20.00	MRI	58.00	0	195,245	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,736,831	0	21.00
22.00	LABORATORY	60.00	0	119,941	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	278,507	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	290,225	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	3,931	0	25.00
26.00	REHAB OUTPATIENT	66.01	0	19,582	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	31,974	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,359	0	28.00
29.00	RENAL DIALYSIS	74.00	0	5,443	0	29.00
30.00	PROCEDURE CLINIC	90.02	0	127,925	0	30.00
31.00	OFFSITE IMAGING CENTER	90.05	0	12,647	0	31.00
32.00	EMERGENCY	91.00	0	1,035,440	0	32.00
	0		0	20,498,496		
	C - RECLASS CHARGEABLE DRUGS					
1.00	PHARMACY	15.00	0	13,211,800	0	1.00
	0		0	13,211,800		
	E - RECLASS LAUNDRY COSTS					
1.00	HOUSEKEEPING	9.00	0	656,989	0	1.00
	0		0	656,989		
	F - RECLASS CAFETERIA COSTGS					
1.00	DIETARY	10.00	41,761	3,336,041	0	1.00
	0		41,761	3,336,041		
	G - RECLASS WORKERS COMPENSATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	372,444	0	1.00
	0		0	372,444		
	H - RECLASS INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	8,887,452	11	1.00
	0		0	8,887,452		
	I - CAPITAL RELATED INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	296,537	12	1.00
	TOTALS		0	296,537		

RECLASSIFICATIONS

Provider CCN: 14-0290

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

Worksheet A-6

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	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	J - IMPLANT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,635	0		1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,796	0		2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	4,100	0		3.00	
4.00	NEONATAL NICU	31.01	0	3,718	0		4.00	
5.00	OPERATING ROOM	50.00	0	10,995,688	0		5.00	
6.00	ENDOSCOPY	50.01	0	69,064	0		6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,074	0		7.00	
8.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	229,514	0		8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	1,252,154	0		9.00	
10.00	EMERGENCY	91.00	0	6,207	0		10.00	
	0		0	12,603,950				
	K - NEGATIVE SALARY EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,923	0		1.00	
	TOTALS		0	50,923				
500.00	Grand Total: Decreases		41,761	65,228,276			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
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		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	12,220,000	0	0	0	0	1.00
2.00	Land Improvements	192,467	111,517	0	111,517	0	2.00
3.00	Buildings and Fixtures	224,508,791	12,974,710	0	12,974,710	0	3.00
4.00	Building Improvements	33,181,108	374,590	0	374,590	101,644	4.00
5.00	Fixed Equipment	1,463,246	812,864	0	812,864	0	5.00
6.00	Movable Equipment	56,918,703	5,924,970	0	5,924,970	1,330,378	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	328,484,315	20,198,651	0	20,198,651	1,432,022	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	328,484,315	20,198,651	0	20,198,651	1,432,022	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,220,000	0				1.00
2.00	Land Improvements	303,984	0				2.00
3.00	Buildings and Fixtures	237,483,501	0				3.00
4.00	Building Improvements	33,454,054	0				4.00
5.00	Fixed Equipment	2,276,110	0				5.00
6.00	Movable Equipment	61,513,295	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	347,250,944	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	347,250,944	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	10,151,595	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,532,903	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,684,498	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	10,151,595				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,532,903				2.00
3.00	Total (sum of lines 1-2)	0	15,684,498				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	285,737,650	0	285,737,650	0.822856	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	61,513,294	0	61,513,294	0.177144	0	2.00
3.00	Total (sum of lines 1-2)	347,250,944	0	347,250,944	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	11,270,749	2,704,918	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,855,502	2,561,227	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,126,251	5,266,145	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	-90	296,537	0	0	14,272,114	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,416,729	2.00
3.00	Total (sum of lines 1-2)	-90	296,537	0	0	30,688,843	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0290

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - 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)			0ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,454,621			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	-10,519,267			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-958,830	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,937	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-93,275	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	A	-997,724	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-141,364	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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: 14-0290

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

Worksheet A-8

Date/Time Prepared:
11/27/2019 8:41 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.01 CAFETERIA REVENUE		0		0.00	0	34.01
34.02 LAB OTHER REVENUE	B	-232,500	LABORATORY	60.00	0	34.02
34.03 RADIOLOGY OTHER REVENUE	B	-48,000	RADIOLOGY-DIAGNOSTIC	54.00	0	34.03
34.04 PHYSICAL THERAPY OTHER REVENUE	B	-9,700	PHYSICAL THERAPY	66.00	0	34.04
34.05 RESEARCH	B	-17,579	PHARMACY	15.00	0	34.05
34.06 OTHER OPERATING INCOME	B	3,977	ADMINISTRATIVE & GENERAL	5.00	0	34.06
35.00 ITC RENT REV ABSG	B	-1,544,714	POB	192.01	0	35.00
40.00 PERINATAL CLASS TUITION	B	-59,248	ADMINISTRATIVE & GENERAL	5.00	0	40.00
43.01 ITC RENT REV	B	-514,590	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02 ITC RENT REV ABSG	B	0	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.04 MISCELLANEOUS INCOME	B	-114,732	OPERATION OF PLANT	7.00	0	43.04
43.05 PROVIDER TAX	A	-19,308,832	ADMINISTRATIVE & GENERAL	5.00	0	43.05
43.06 RENT PHYS OFFICE	B	0		0.00	0	43.06
43.07 RENT PHYS OFFICE	B	0	POB	192.01	0	43.07
43.11 RENT PHYS OFFICE	B	0	POB	192.01	0	43.11
43.12 RENT PHYS OFFICE	B	0	POB	192.01	0	43.12
43.13 MISC INCOME	B	0		0.00	0	43.13
43.14 COMMUNITY TRANSPORT	A	0	ADMINISTRATIVE & GENERAL	5.00	0	43.14
43.15 R/E TAXES	A	-641,851	ADMINISTRATIVE & GENERAL	5.00	0	43.15
43.16 CONTRIBUTIONS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	43.16
43.17 ER DIRECT PT SVSC	A	-1,277,903	EMERGENCY	91.00	0	43.17
43.18 NON PATIENT RELATED COSTS	A	-63,208	ADMINISTRATIVE & GENERAL	5.00	0	43.18
43.19 OFFSET PHYSICIAN FEES	A	104,687	PHYSICIANS' PRIVATE OFFICES	192.00	0	43.19
43.20 OFFSET PHYSICIAN FEES	A	-1,401,565	POB	192.01	0	43.20
43.21 OFFSET PHYSICIAN FEES	A	-1,586,494	POB	192.01	0	43.21
43.22 OFFSET PHYSICIAN FEES	A	-1,083,473	POB	192.01	0	43.22
43.23 LOBBY DUES	A	-50,000	ADMINISTRATIVE & GENERAL	5.00	0	43.23
43.24 NON PATIENT RELATED COSTS	A	0	ADMINISTRATIVE & GENERAL	5.00	0	43.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,014,743				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: 14-0290

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 8:41 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	INTEREST CAP	0	8,887,542 1.00
2.00		1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAP BUILDING	2,116,878	0 2.00
3.00		2.00	CAP REL COSTS-MVBLE EQUIP	ABHN CAP EQUIPMENT	8,463,963	0 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	ADMIN COSTS	52,043,540	70,518,408 3.01
3.02		7.00	OPERATION OF PLANT	CLINICAL ENG AND FACILITY AD	5,754,264	0 3.02
3.03		30.00	ADULTS & PEDIATRICS	PEDIATRIC	508,038	0 3.03
3.04		5.00	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES AND BENEF	1,131,301	1,131,301 3.04
3.05		0.00			0	0 3.05
3.06		0.00			0	0 3.06
4.00		0.00			0	0 4.00
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		70,017,984	80,537,251 5.00

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

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

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

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

6.00	B		0.00	PRESENCE ABHS	100.00	6.00
7.00	B		0.00	ABHN	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						100.00
	G. Other (financial or non-financial) specify:					

(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: 14-0290

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2019 8:41 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-8,887,542	11		1.00
2.00	2,116,878	9		2.00
3.00	8,463,963	9		3.00
3.01	-18,474,868	0		3.01
3.02	5,754,264	0		3.02
3.03	508,038	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
5.00	-10,519,267			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 14-0290

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2019 8:41 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,061,394	5,368,172	693,222	300,000	4,234	1.00
2.00	59.00	CARDIAC CATHETERIZATION	3,900	3,900	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,065,294	5,372,072	693,222		4,234	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	610,673	30,534	0	0	0	1.00
2.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			610,673	30,534	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	610,673	82,549	5,450,721		1.00
2.00	59.00	CARDIAC CATHETERIZATION	0	0	0	3,900		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	610,673	82,549	5,454,621		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
Net Expenses for Cost Allocation (from Wkst A col. 7)							
0			1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	14,272,114	14,272,114			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,416,729	16,416,729			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,435,990	10,140	11,785	15,457,915	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,171,490	1,307,193	1,348,785	955,042	5.00
7.00	00700	OPERATION OF PLANT	8,453,022	3,892,757	4,524,200	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	656,989	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,413,297	163,664	190,211	0	9.00
10.00	01000	DIETARY	2,281,218	145,501	169,102	5,359	10.00
11.00	01100	CAFETERIA	2,508,709	105,606	122,736	6,467	11.00
13.00	01300	NURSING ADMINISTRATION	4,559,732	232,329	270,014	607,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	541,853	73,218	85,095	67,358	14.00
15.00	01500	PHARMACY	4,370,233	106,271	123,509	613,750	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	653,476	162,556	188,924	83,568	16.00
17.00	01700	SOCIAL SERVICE	2,369,902	7,113	8,266	330,517	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,935,954	3,263,110	3,792,414	4,358,021	30.00
31.00	03100	INTENSIVE CARE UNIT	5,703,351	265,504	308,571	781,558	31.00
31.01	02060	NEONATAL NICU	7,695,749	483,928	562,425	1,039,112	31.01
43.00	04300	NURSERY	795,772	31,502	36,612	114,502	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,387,300	810,787	942,304	822,729	50.00
50.01	05001	ENDOSCOPY	1,217,160	261,099	303,451	163,759	50.01
51.00	05100	RECOVERY ROOM	1,424,307	139,397	162,009	199,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,561,682	368,945	428,791	624,450	52.00
53.00	05300	ANESTHESIOLOGY	223,331	13,019	15,131	12,726	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,751,107	361,955	420,667	380,376	54.00
54.01	03630	ULTRASOUND	1,292,642	27,614	32,093	177,048	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	693,300	25,349	29,461	97,770	54.02
54.03	03440	MAMMOGRAPHY	1,054,435	120,767	140,356	142,720	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	647,614	305,867	355,481	93,554	55.00
56.00	05600	RADIOISOTOPE	477,365	52,348	60,839	65,220	56.00
57.00	05700	CT SCAN	1,383,823	65,564	76,199	181,649	57.00
58.00	05800	MRI	928,062	50,453	58,637	134,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,463,556	164,353	191,012	203,985	59.00
60.00	06000	LABORATORY	7,785,944	331,560	385,342	423,949	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,301,773	13,364	15,532	61,450	63.00
64.00	06400	INTRAVENOUS THERAPY	422,702	0	0	50,379	64.00
65.00	06500	RESPIRATORY THERAPY	2,122,547	35,366	41,103	275,614	65.00
66.00	06600	PHYSICAL THERAPY	2,695,817	131,595	152,941	388,428	66.00
66.01	06601	REHAB OUTPATIENT	1,794,610	2,929	3,404	244,977	66.01
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	961,813	0	0	136,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	208,046	13,684	15,903	29,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,937,930	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,603,650	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,211,800	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	917,485	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	44,510	0	0	6,494	90.01
90.02	09001	PROCEDURE CLINIC	2,059,342	156,822	182,260	293,421	90.02
90.04	09002	EPILEPSY MONITORING UNIT	208,319	0	0	29,789	90.04
90.05	09003	OFFSITE IMAGING CENTER	582,423	0	0	68,200	90.05
91.00	09100	EMERGENCY	8,466,364	510,434	593,231	1,107,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	290,066,339	14,213,663	16,348,796	15,379,675	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	808,893	58,451	67,933	16,727	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	141,125	0	0	19,403	192.00
192.01	19201	POB	-930,698	0	0	9,267	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	1,149,160	0	0	32,843	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
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)	291,234,819	14,272,114	16,416,729	15,457,915	291,234,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	70,782,510					5.00
7.00	00700	OPERATION OF PLANT	5,394,041	22,264,020				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	210,067	0	867,056			8.00
9.00	00900	HOUSEKEEPING	1,524,265	402,097	0	6,693,534		9.00
10.00	01000	DIETARY	831,706	357,473	0	109,449	3,899,808	10.00
11.00	01100	CAFETERIA	877,218	259,458	0	79,439	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,812,683	570,796	0	174,763	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	245,410	179,885	0	55,076	0	14.00
15.00	01500	PHARMACY	1,667,059	261,091	0	79,939	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	348,047	399,376	0	122,278	0	16.00
17.00	01700	SOCIAL SERVICE	868,355	17,475	0	5,350	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,860,681	8,016,968	494,039	2,454,579	3,547,332	30.00
31.00	03100	INTENSIVE CARE UNIT	2,257,054	652,304	43,320	199,718	352,476	31.00
31.01	02060	NEONATAL NICU	3,127,465	1,188,937	7,428	364,021	0	31.01
43.00	04300	NURSERY	312,832	77,396	0	23,697	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,865,886	1,991,982	102,565	609,892	0	50.00
50.01	05001	ENDOSCOPY	622,048	641,481	0	196,404	0	50.01
51.00	05100	RECOVERY ROOM	615,707	342,478	0	104,858	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,913,294	906,442	55,370	277,528	0	52.00
53.00	05300	ANESTHESIOLOGY	84,478	31,986	0	9,793	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,251,504	889,269	2,133	272,270	0	54.00
54.01	03630	ULTRASOUND	489,012	67,843	24,710	20,772	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	270,463	62,280	0	19,068	0	54.02
54.03	03440	MAMMOGRAPHY	466,273	296,705	0	90,843	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	448,443	751,468	6,591	230,079	0	55.00
56.00	05600	RADIOISOTOPE	209,678	128,611	0	39,377	0	56.00
57.00	05700	CT SCAN	545,875	161,081	30,329	49,319	0	57.00
58.00	05800	MRI	374,593	123,955	0	37,952	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	646,808	403,790	0	123,630	0	59.00
60.00	06000	LABORATORY	2,854,271	814,594	0	249,407	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	445,119	32,833	0	10,053	0	63.00
64.00	06400	INTRAVENOUS THERAPY	151,264	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	791,243	86,889	0	26,603	0	65.00
66.00	06600	PHYSICAL THERAPY	1,077,141	323,310	0	98,989	0	66.00
66.01	06601	REHAB OUTPATIENT	654,167	7,195	0	2,293	0	66.01
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	351,247	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,472	33,619	0	10,293	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,374,994	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,029,916	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,224,367	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293,358	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	16,308	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	860,696	385,288	0	117,965	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	76,133	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	208,031	0	0	0	0	90.05
91.00	09100	EMERGENCY	3,414,178	1,254,059	100,571	383,959	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,048,850	22,120,414	867,056	6,649,566	3,899,808	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	304,396	143,606	0	43,968	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,328	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	377,936	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	70,782,510	22,264,020	867,056	6,693,534	3,899,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,959,633					11.00
13.00	01300	NURSING ADMINISTRATION	49,826	8,277,274				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,786	0	1,280,681			14.00
15.00	01500	PHARMACY	135,877	0	0	7,357,729		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78,573	0	0	0	2,036,798	16.00
17.00	01700	SOCIAL SERVICE	89,270	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,413,586	4,306,536	0	0	234,923	30.00
31.00	03100	INTENSIVE CARE UNIT	177,247	539,987	0	0	30,397	31.00
31.01	02060	NEONATAL NICU	246,763	751,772	0	0	64,914	31.01
43.00	04300	NURSERY	31,902	97,192	0	0	13,087	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,225	670,922	0	0	172,141	50.00
50.01	05001	ENDOSCOPY	42,947	130,839	0	0	43,226	50.01
51.00	05100	RECOVERY ROOM	38,087	116,034	0	0	29,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	164,404	500,861	0	0	33,772	52.00
53.00	05300	ANESTHESIOLOGY	7,668	0	0	0	59,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,336	0	0	0	62,304	54.00
54.01	03630	ULTRASOUND	39,286	0	0	0	44,849	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	20,259	0	0	0	11,742	54.02
54.03	03440	MAMMOGRAPHY	47,586	0	0	0	20,870	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	20,511	0	0	0	38,376	55.00
56.00	05600	RADIOISOTOPE	13,790	0	0	0	33,796	56.00
57.00	05700	CT SCAN	40,580	0	0	0	133,901	57.00
58.00	05800	MRI	29,599	0	0	0	59,603	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,352	0	0	0	47,509	59.00
60.00	06000	LABORATORY	153,517	0	0	0	239,727	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,989	0	0	0	10,426	63.00
64.00	06400	INTRAVENOUS THERAPY	11,107	0	0	0	3,741	64.00
65.00	06500	RESPIRATORY THERAPY	67,339	0	0	0	49,938	65.00
66.00	06600	PHYSICAL THERAPY	79,772	0	0	0	28,776	66.00
66.01	06601	REHAB OUTPATIENT	67,371	0	0	0	15,522	66.01
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	41,685	0	0	0	57,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,666	0	0	0	6,609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	784,664	0	49,518	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	496,017	0	43,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,357,729	176,141	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,649	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	310	90.01
90.02	09001	PROCEDURE CLINIC	65,541	199,671	0	0	16,311	90.02
90.04	09002	EPILEPSY MONITORING UNIT	7,889	24,034	0	0	937	90.04
90.05	09003	OFFSITE IMAGING CENTER	17,797	0	0	0	15,217	90.05
91.00	09100	EMERGENCY	308,359	939,426	0	0	183,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,922,492	8,277,274	1,280,681	7,357,729	2,036,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,613	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,690	0	0	0	0	192.00
192.01	19201	POB	5,838	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,959,633	8,277,274	1,280,681	7,357,729	2,036,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
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Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	3,696,248				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,768,675	80,446,818	0	80,446,818	30.00
31.00	03100	INTENSIVE CARE UNIT	243,349	11,554,836	0	11,554,836	31.00
31.01	02060	NEONATAL NICU	378,085	15,910,599	0	15,910,599	31.01
43.00	04300	NURSERY	306,139	1,840,633	0	1,840,633	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,596,733	0	15,596,733	50.00
50.01	05001	ENDOSCOPY	0	3,622,414	0	3,622,414	50.01
51.00	05100	RECOVERY ROOM	0	3,172,040	0	3,172,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,835,539	0	9,835,539	52.00
53.00	05300	ANESTHESIOLOGY	0	457,719	0	457,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,490,921	0	6,490,921	54.00
54.01	03630	ULTRASOUND	0	2,215,869	0	2,215,869	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,229,692	0	1,229,692	54.02
54.03	03440	MAMMOGRAPHY	0	2,380,555	0	2,380,555	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,897,984	0	2,897,984	55.00
56.00	05600	RADIOISOTOPE	0	1,081,024	0	1,081,024	56.00
57.00	05700	CT SCAN	0	2,668,320	0	2,668,320	57.00
58.00	05800	MRI	0	1,797,249	0	1,797,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,280,995	0	3,280,995	59.00
60.00	06000	LABORATORY	0	13,238,311	0	13,238,311	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,905,539	0	1,905,539	63.00
64.00	06400	INTRAVENOUS THERAPY	0	639,193	0	639,193	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,496,642	0	3,496,642	65.00
66.00	06600	PHYSICAL THERAPY	0	4,976,769	0	4,976,769	66.00
66.01	06601	REHAB OUTPATIENT	0	2,792,378	0	2,792,378	66.01
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	1,548,729	0	1,548,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	413,973	0	413,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,147,106	0	27,147,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,172,621	0	17,172,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,970,037	0	24,970,037	73.00
74.00	07400	RENAL DIALYSIS	0	1,216,492	0	1,216,492	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	67,622	0	67,622	90.01
90.02	09001	PROCEDURE CLINIC	0	4,337,317	0	4,337,317	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	347,101	0	347,101	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	891,668	0	891,668	90.05
91.00	09100	EMERGENCY	0	17,261,902	0	17,261,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,696,248	288,903,340	0	288,903,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,468,587	0	1,468,587	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	218,546	0	218,546	192.00
192.01	19201	POB	0	-915,593	0	-915,593	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	1,559,939	0	1,559,939	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	3,696,248	291,234,819	0	291,234,819		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,140	11,785	21,925	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,307,193	1,348,785	2,655,978	5.00
7.00	00700	OPERATION OF PLANT	0	3,892,757	4,524,200	8,416,957	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	163,664	190,211	353,875	9.00
10.00	01000	DIETARY	0	145,501	169,102	314,603	10.00
11.00	01100	CAFETERIA	0	105,606	122,736	228,342	11.00
13.00	01300	NURSING ADMINISTRATION	0	232,329	270,014	502,343	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,218	85,095	158,313	14.00
15.00	01500	PHARMACY	0	100,271	123,509	229,780	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	162,556	188,924	351,480	16.00
17.00	01700	SOCIAL SERVICE	0	7,113	8,266	15,379	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,263,110	3,792,414	7,055,524	30.00
31.00	03100	INTENSIVE CARE UNIT	0	265,504	308,571	574,075	31.00
31.01	02060	NEONATAL NICU	0	483,928	562,425	1,046,353	31.01
43.00	04300	NURSERY	0	31,502	36,612	68,114	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	810,787	942,304	1,753,091	50.00
50.01	05001	ENDOSCOPY	0	261,099	303,451	564,550	50.01
51.00	05100	RECOVERY ROOM	0	139,397	162,009	301,406	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	368,945	428,791	797,736	52.00
53.00	05300	ANESTHESIOLOGY	0	13,019	15,131	28,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	361,955	420,667	782,622	54.00
54.01	03630	ULTRASOUND	0	27,614	32,093	59,707	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	25,349	29,461	54,810	54.02
54.03	03440	MAMMOGRAPHY	0	120,767	140,356	261,123	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	305,867	355,481	661,348	55.00
56.00	05600	RADIOISOTOPE	0	52,348	60,839	113,187	56.00
57.00	05700	CT SCAN	0	65,564	76,199	141,763	57.00
58.00	05800	MRI	0	50,453	58,637	109,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	164,353	191,012	355,365	59.00
60.00	06000	LABORATORY	0	331,560	385,342	716,902	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,364	15,532	28,896	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,366	41,103	76,469	65.00
66.00	06600	PHYSICAL THERAPY	0	131,595	152,941	284,536	66.00
66.01	06601	REHAB OUTPATIENT	0	2,929	3,404	6,333	66.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,684	15,903	29,587	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	156,822	182,260	339,082	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	510,434	593,231	1,103,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	14,213,663	16,348,796	30,562,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,451	67,933	126,384	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
201.00		Negative Cost Centers	0	1.00	2.00	2A	4.00	
202.00		TOTAL (sum lines 118 through 201)	0	14,272,114	16,416,729	30,688,843	21,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,657,335					5.00
7.00	00700	OPERATION OF PLANT	202,507	8,619,464				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,886	0	7,886			8.00
9.00	00900	HOUSEKEEPING	57,225	155,671	0	566,771		9.00
10.00	01000	DIETARY	31,225	138,395	0	9,268	493,499	10.00
11.00	01100	CAFETERIA	32,933	100,449	0	6,726	0	11.00
13.00	01300	NURSING ADMINISTRATION	68,053	220,982	0	14,798	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,213	69,642	0	4,664	0	14.00
15.00	01500	PHARMACY	62,586	101,081	0	6,769	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,067	154,618	0	10,354	0	16.00
17.00	01700	SOCIAL SERVICE	32,600	6,765	0	453	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	520,334	3,103,752	4,492	207,838	448,895	30.00
31.00	03100	INTENSIVE CARE UNIT	84,736	252,538	394	16,911	44,604	31.00
31.01	02060	NEONATAL NICU	117,414	460,294	68	30,823	0	31.01
43.00	04300	NURSERY	11,745	29,964	0	2,006	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	107,593	771,191	933	51,642	0	50.00
50.01	05001	ENDOSCOPY	23,353	248,348	0	16,630	0	50.01
51.00	05100	RECOVERY ROOM	23,115	132,589	0	8,879	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,830	350,927	504	23,500	0	52.00
53.00	05300	ANESTHESIOLOGY	3,172	12,383	0	829	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,985	344,279	19	23,054	0	54.00
54.01	03630	ULTRASOUND	18,359	26,265	225	1,759	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	10,154	24,111	0	1,615	0	54.02
54.03	03440	MAMMOGRAPHY	17,505	114,869	0	7,692	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	16,836	290,929	60	19,482	0	55.00
56.00	05600	RADIOISOTOPE	7,872	49,791	0	3,334	0	56.00
57.00	05700	CT SCAN	20,494	62,362	276	4,176	0	57.00
58.00	05800	MRI	14,063	47,989	0	3,214	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,283	156,326	0	10,468	0	59.00
60.00	06000	LABORATORY	107,157	315,368	0	21,118	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,711	12,711	0	851	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,679	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,705	33,639	0	2,253	0	65.00
66.00	06600	PHYSICAL THERAPY	40,439	125,169	0	8,382	0	66.00
66.01	06601	REHAB OUTPATIENT	24,559	2,786	0	187	0	66.01
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	13,187	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,209	13,015	0	872	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	239,335	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	151,294	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	158,594	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,013	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	612	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	32,313	149,163	0	9,989	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	2,858	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	7,810	0	0	0	0	90.05
91.00	09100	EMERGENCY	128,178	485,506	915	32,512	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,629,791	8,563,867	7,886	563,048	493,499	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,428	55,597	0	3,723	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,927	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	14,189	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,657,335	8,619,464	7,886	566,771	493,499	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	368,459					11.00
13.00	01300	NURSING ADMINISTRATION	4,636	811,674				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,051	0	244,979			14.00
15.00	01500	PHARMACY	12,644	0	0	413,732		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,312	0	0	0	536,950	16.00
17.00	01700	SOCIAL SERVICE	8,307	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,540	422,301	0	0	61,988	30.00
31.00	03100	INTENSIVE CARE UNIT	16,493	52,951	0	0	8,021	31.00
31.01	02060	NEONATAL NICU	22,962	73,719	0	0	17,129	31.01
43.00	04300	NURSERY	2,969	9,531	0	0	3,453	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,493	65,791	0	0	45,422	50.00
50.01	05001	ENDOSCOPY	3,996	12,830	0	0	11,406	50.01
51.00	05100	RECOVERY ROOM	3,544	11,378	0	0	7,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,298	49,115	0	0	8,911	52.00
53.00	05300	ANESTHESIOLOGY	714	0	0	0	15,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,244	0	0	0	16,440	54.00
54.01	03630	ULTRASOUND	3,656	0	0	0	11,834	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,885	0	0	0	3,098	54.02
54.03	03440	MAMMOGRAPHY	4,428	0	0	0	5,507	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,909	0	0	0	10,126	55.00
56.00	05600	RADIOISOTOPE	1,283	0	0	0	8,918	56.00
57.00	05700	CT SCAN	3,776	0	0	0	35,332	57.00
58.00	05800	MRI	2,754	0	0	0	15,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,383	0	0	0	12,536	59.00
60.00	06000	LABORATORY	14,285	0	0	0	62,765	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,395	0	0	0	2,751	63.00
64.00	06400	INTRAVENOUS THERAPY	1,034	0	0	0	987	64.00
65.00	06500	RESPIRATORY THERAPY	6,266	0	0	0	13,177	65.00
66.00	06600	PHYSICAL THERAPY	7,423	0	0	0	7,593	66.00
66.01	06601	REHAB OUTPATIENT	6,269	0	0	0	4,096	66.01
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	3,879	0	0	0	15,110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	992	0	0	0	1,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	150,099	0	13,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	94,880	0	11,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	413,732	46,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,490	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	82	90.01
90.02	09001	PROCEDURE CLINIC	6,099	19,580	0	0	4,304	90.02
90.04	09002	EPILEPSY MONITORING UNIT	734	2,357	0	0	247	90.04
90.05	09003	OFFSITE IMAGING CENTER	1,656	0	0	0	4,015	90.05
91.00	09100	EMERGENCY	28,694	92,121	0	0	48,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,003	811,674	244,979	413,732	536,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,290	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	623	0	0	0	0	192.00
192.01	19201	POB	543	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	368,459	811,674	244,979	413,732	536,950	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
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Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	63,974				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,919	12,010,736	0	12,010,736	30.00
31.00	03100	INTENSIVE CARE UNIT	4,212	1,056,045	0	1,056,045	31.00
31.01	02060	NEONATAL NICU	6,544	1,776,782	0	1,776,782	31.01
43.00	04300	NURSERY	5,299	133,244	0	133,244	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,817,325	0	2,817,325	50.00
50.01	05001	ENDOSCOPY	0	881,346	0	881,346	50.01
51.00	05100	RECOVERY ROOM	0	488,910	0	488,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,318,708	0	1,318,708	52.00
53.00	05300	ANESTHESIOLOGY	0	60,989	0	60,989	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,223,183	0	1,223,183	54.00
54.01	03630	ULTRASOUND	0	122,057	0	122,057	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	95,812	0	95,812	54.02
54.03	03440	MAMMOGRAPHY	0	411,327	0	411,327	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,000,823	0	1,000,823	55.00
56.00	05600	RADIOISOTOPE	0	184,478	0	184,478	56.00
57.00	05700	CT SCAN	0	268,437	0	268,437	57.00
58.00	05800	MRI	0	193,028	0	193,028	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	562,651	0	562,651	59.00
60.00	06000	LABORATORY	0	1,238,197	0	1,238,197	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63,402	0	63,402	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,772	0	7,772	64.00
65.00	06500	RESPIRATORY THERAPY	0	161,901	0	161,901	65.00
66.00	06600	PHYSICAL THERAPY	0	474,094	0	474,094	66.00
66.01	06601	REHAB OUTPATIENT	0	44,578	0	44,578	66.01
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	32,370	0	32,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49,461	0	49,461	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	402,500	0	402,500	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	257,530	0	257,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	618,804	0	618,804	73.00
74.00	07400	RENAL DIALYSIS	0	12,503	0	12,503	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	703	0	703	90.01
90.02	09001	PROCEDURE CLINIC	0	560,947	0	560,947	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	6,238	0	6,238	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	13,578	0	13,578	90.05
91.00	09100	EMERGENCY	0	1,921,568	0	1,921,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,974	30,472,027	0	30,472,027	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	199,446	0	199,446	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,578	0	2,578	192.00
192.01	19201	POB	0	556	0	556	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	14,236	0	14,236	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	63,974	30,688,843	0	30,688,843		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	579,906					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		573,947				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	412	412	99,813,507			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	53,114	47,155	6,166,813	-70,782,510	221,373,740	5.00
7.00	00700	OPERATION OF PLANT	158,171	158,171	0	0	16,869,979	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	656,989	8.00
9.00	00900	HOUSEKEEPING	6,650	6,650	0	0	4,767,172	9.00
10.00	01000	DIETARY	5,912	5,912	34,604	0	2,601,180	10.00
11.00	01100	CAFETERIA	4,291	4,291	41,761	0	2,743,518	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	9,440	3,920,316	0	5,669,206	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	2,975	434,935	0	767,524	14.00
15.00	01500	PHARMACY	4,318	4,318	3,963,055	0	5,213,763	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	6,605	539,611	0	1,088,524	16.00
17.00	01700	SOCIAL SERVICE	289	289	2,134,188	0	2,715,798	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,587	132,587	28,140,239	0	43,349,499	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	10,788	5,046,605	0	7,058,984	31.00
31.01	02060	NEONATAL NICU	19,663	19,663	6,709,662	0	9,781,214	31.01
43.00	04300	NURSERY	1,280	1,280	739,352	0	978,388	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,944	32,944	5,312,456	0	8,963,120	50.00
50.01	05001	ENDOSCOPY	10,609	10,609	1,057,408	0	1,945,469	50.01
51.00	05100	RECOVERY ROOM	5,664	5,664	1,290,928	0	1,925,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	14,991	4,032,144	0	5,983,868	52.00
53.00	05300	ANESTHESIOLOGY	529	529	82,174	0	264,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	14,707	2,456,129	0	3,914,105	54.00
54.01	03630	ULTRASOUND	1,122	1,122	1,143,219	0	1,529,397	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	1,030	631,310	0	845,880	54.02
54.03	03440	MAMMOGRAPHY	4,907	4,907	921,560	0	1,458,278	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	12,428	604,086	0	1,402,516	55.00
56.00	05600	RADIOISOTOPE	2,127	2,127	421,135	0	655,772	56.00
57.00	05700	CT SCAN	2,664	2,664	1,172,927	0	1,707,235	57.00
58.00	05800	MRI	2,050	2,050	867,803	0	1,171,547	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	6,678	1,317,157	0	2,022,906	59.00
60.00	06000	LABORATORY	13,472	13,472	2,737,489	0	8,926,795	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	543	396,791	0	1,392,119	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	325,305	0	473,081	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	1,437	1,779,668	0	2,474,630	65.00
66.00	06600	PHYSICAL THERAPY	5,347	5,347	2,508,121	0	3,368,781	66.00
66.01	06601	REHAB OUTPATIENT	119	119	1,581,847	0	2,045,920	66.01
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	882,807	0	1,098,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	556	556	191,651	0	267,314	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,937,930	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,603,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,211,800	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	917,485	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	41,931	0	51,004	90.01
90.02	09001	PROCEDURE CLINIC	6,372	6,372	1,894,653	0	2,691,845	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	192,352	0	238,108	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	440,375	0	650,623	90.05
91.00	09100	EMERGENCY	20,740	20,740	7,153,737	0	10,677,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	577,531	571,572	99,308,304	-70,782,510	219,079,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	2,375	108,005	0	952,004	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	125,286	0	160,528	192.00
192.01	19201	POB	0	0	59,840	921,431	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	212,072	0	1,182,003	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,272,114	16,416,729	15,457,915		70,782,510	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.611082	28.603214	0.154868		0.319742	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,925		2,657,335	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000220		0.012004	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: 14-0290

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	368,209				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,119,428			8.00
9.00	00900	HOUSEKEEPING	6,650	0	361,559		9.00
10.00	01000	DIETARY	5,912	0	5,912	63,242	10.00
11.00	01100	CAFETERIA	4,291	0	4,291	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	0	9,440	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	0	2,975	0	14.00
15.00	01500	PHARMACY	4,318	0	4,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	0	6,605	0	16.00
17.00	01700	SOCIAL SERVICE	289	0	289	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132,587	1,207,622	132,587	57,526	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	105,892	10,788	5,716	31.00
31.01	02060	NEONATAL NICU	19,663	18,158	19,663	0	31.01
43.00	04300	NURSERY	1,280	0	1,280	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,944	250,710	32,944	0	50.00
50.01	05001	ENDOSCOPY	10,609	0	10,609	0	50.01
51.00	05100	RECOVERY ROOM	5,664	0	5,664	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	135,347	14,991	0	52.00
53.00	05300	ANESTHESIOLOGY	529	0	529	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	5,214	14,707	0	54.00
54.01	03630	ULTRASOUND	1,122	60,400	1,122	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	0	1,030	0	54.02
54.03	03440	MAMMOGRAPHY	4,907	0	4,907	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	16,112	12,428	0	55.00
56.00	05600	RADIOISOTOPE	2,127	0	2,127	0	56.00
57.00	05700	CT SCAN	2,664	74,137	2,664	0	57.00
58.00	05800	MRI	2,050	0	2,050	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	0	6,678	0	59.00
60.00	06000	LABORATORY	13,472	0	13,472	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	0	543	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	0	1,437	0	65.00
66.00	06600	PHYSICAL THERAPY	5,347	0	5,347	0	66.00
66.01	06601	REHAB OUTPATIENT	119	0	119	0	66.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	556	0	556	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	6,372	0	6,372	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	90.05
91.00	09100	EMERGENCY	20,740	245,836	20,740	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,834	2,119,428	359,184	63,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	0	2,375	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	22,264,020	867,056	6,693,534	3,899,808	3,959,633	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	60.465714	0.409099	18.512979	61.664843	31.555386	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,619,464	7,886	566,771	493,499	368,459	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.409162	0.003721	1.567575	7.803343	2.936349	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: 14-0290

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

Worksheet B-1

Date/Time Prepared:

11/27/2019 8:41 am

Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	86,101					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32,541,580				14.00
15.00	01500	PHARMACY	0	0	13,211,800			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,613,428,486		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	77,115	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,797	0	0	186,151,079	57,763	30.00
31.00	03100	INTENSIVE CARE UNIT	5,617	0	0	24,086,174	5,077	31.00
31.01	02060	NEONATAL NICU	7,820	0	0	51,437,157	7,888	31.01
43.00	04300	NURSERY	1,011	0	0	10,370,237	6,387	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,979	0	0	136,403,438	0	50.00
50.01	05001	ENDOSCOPY	1,361	0	0	34,252,058	0	50.01
51.00	05100	RECOVERY ROOM	1,207	0	0	23,169,513	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,210	0	0	26,760,743	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	47,216,101	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,369,205	0	54.00
54.01	03630	ULTRASOUND	0	0	0	35,537,830	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,303,954	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	16,537,263	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,409,194	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,779,680	0	56.00
57.00	05700	CT SCAN	0	0	0	106,102,072	0	57.00
58.00	05800	MRI	0	0	0	47,229,338	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,645,753	0	59.00
60.00	06000	LABORATORY	0	0	0	189,442,285	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,261,799	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,964,525	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,570,185	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,801,974	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	12,299,689	0	66.01
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	45,376,136	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,237,133	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,937,930	0	39,237,534	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,603,650	0	34,103,044	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,211,800	139,573,141	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,475,934	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	245,567	0	90.01
90.02	09001	PROCEDURE CLINIC	2,077	0	0	12,925,092	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	250	0	0	742,618	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	12,057,484	0	90.05
91.00	09100	EMERGENCY	9,772	0	0	145,353,557	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	86,101	32,541,580	13,211,800	1,613,428,486	77,115	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	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	8,277,274	1,280,681	7,357,729	2,036,798	3,696,248	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	96.134470	0.039355	0.556906	0.001262	47.931635	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	811,674	244,979	413,732	536,950	63,974	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.426999	0.007528	0.031315	0.000333	0.829592	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,446,818		80,446,818	0	80,446,818	30.00
31.00	03100	INTENSIVE CARE UNIT	11,554,836		11,554,836	0	11,554,836	31.00
31.01	02060	NEONATAL NICU	15,910,599		15,910,599	0	15,910,599	31.01
43.00	04300	NURSERY	1,840,633		1,840,633	0	1,840,633	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,596,733		15,596,733	0	15,596,733	50.00
50.01	05001	ENDOSCOPY	3,622,414		3,622,414	0	3,622,414	50.01
51.00	05100	RECOVERY ROOM	3,172,040		3,172,040	0	3,172,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,835,539		9,835,539	0	9,835,539	52.00
53.00	05300	ANESTHESIOLOGY	457,719		457,719	0	457,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,490,921		6,490,921	0	6,490,921	54.00
54.01	03630	ULTRASOUND	2,215,869		2,215,869	0	2,215,869	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,229,692		1,229,692	0	1,229,692	54.02
54.03	03440	MAMMOGRAPHY	2,380,555		2,380,555	0	2,380,555	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,897,984		2,897,984	0	2,897,984	55.00
56.00	05600	RADIOISOTOPE	1,081,024		1,081,024	0	1,081,024	56.00
57.00	05700	CT SCAN	2,668,320		2,668,320	0	2,668,320	57.00
58.00	05800	MRI	1,797,249		1,797,249	0	1,797,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,280,995		3,280,995	0	3,280,995	59.00
60.00	06000	LABORATORY	13,238,311		13,238,311	0	13,238,311	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,905,539		1,905,539	0	1,905,539	63.00
64.00	06400	INTRAVENOUS THERAPY	639,193		639,193	0	639,193	64.00
65.00	06500	RESPIRATORY THERAPY	3,496,642	0	3,496,642	0	3,496,642	65.00
66.00	06600	PHYSICAL THERAPY	4,976,769	0	4,976,769	0	4,976,769	66.00
66.01	06601	REHAB OUTPATIENT	2,792,378	0	2,792,378	0	2,792,378	66.01
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	1,548,729		1,548,729	0	1,548,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	413,973		413,973	0	413,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,147,106		27,147,106	0	27,147,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,172,621		17,172,621	0	17,172,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,970,037		24,970,037	0	24,970,037	73.00
74.00	07400	RENAL DIALYSIS	1,216,492		1,216,492	0	1,216,492	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	67,622		67,622	0	67,622	90.01
90.02	09001	PROCEDURE CLINIC	4,337,317		4,337,317	0	4,337,317	90.02
90.04	09002	EPILEPSY MONITORING UNIT	347,101		347,101	0	347,101	90.04
90.05	09003	OFFSITE IMAGING CENTER	891,668		891,668	0	891,668	90.05
91.00	09100	EMERGENCY	17,261,902		17,261,902	0	17,261,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,811,036		12,811,036	0	12,811,036	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	301,714,376	0	301,714,376	0	301,714,376	200.00
201.00		Less Observation Beds	12,811,036		12,811,036		12,811,036	201.00
202.00		Total (see instructions)	288,903,340	0	288,903,340	0	288,903,340	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,997,070		151,997,070		30.00
31.00	03100	INTENSIVE CARE UNIT	24,086,174		24,086,174		31.00
31.01	02060	NEONATAL NICU	51,437,157		51,437,157		31.01
43.00	04300	NURSERY	10,370,237		10,370,237		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,863,228	79,540,210	136,403,438	0.114343	50.00
50.01	05001	ENDOSCOPY	8,771,596	25,480,462	34,252,058	0.105758	50.01
51.00	05100	RECOVERY ROOM	9,705,366	13,464,147	23,169,513	0.136906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,143,692	1,617,051	26,760,743	0.367536	52.00
53.00	05300	ANESTHESIOLOGY	19,068,396	28,147,705	47,216,101	0.009694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,516,977	33,852,228	49,369,205	0.131477	54.00
54.01	03630	ULTRASOUND	8,542,383	26,995,447	35,537,830	0.062352	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,902,133	4,401,821	9,303,954	0.132169	54.02
54.03	03440	MAMMOGRAPHY	6,070	16,531,193	16,537,263	0.143951	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,187,925	29,221,269	30,409,194	0.095300	55.00
56.00	05600	RADIOISOTOPE	7,966,439	18,813,241	26,779,680	0.040367	56.00
57.00	05700	CT SCAN	33,853,994	72,248,078	106,102,072	0.025149	57.00
58.00	05800	MRI	12,232,311	34,997,027	47,229,338	0.038054	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,065,945	15,579,808	37,645,753	0.087154	59.00
60.00	06000	LABORATORY	95,834,019	93,608,266	189,442,285	0.069880	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,355,879	1,905,920	8,261,799	0.230645	63.00
64.00	06400	INTRAVENOUS THERAPY	2,696,046	268,479	2,964,525	0.215614	64.00
65.00	06500	RESPIRATORY THERAPY	36,637,451	2,932,734	39,570,185	0.088366	65.00
66.00	06600	PHYSICAL THERAPY	21,341,407	1,460,567	22,801,974	0.218260	66.00
66.01	06601	REHAB OUTPATIENT	3,263	12,296,426	12,299,689	0.227028	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,724,673	24,651,463	45,376,136	0.034131	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	762,921	4,474,212	5,237,133	0.079046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,055,555	17,181,979	39,237,534	0.691866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,195,070	11,907,974	34,103,044	0.503551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,496,852	57,076,289	139,573,141	0.178903	73.00
74.00	07400	RENAL DIALYSIS	4,322,345	153,589	4,475,934	0.271785	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	2,924	242,643	245,567	0.275371	90.01
90.02	09001	PROCEDURE CLINIC	220,158	12,704,934	12,925,092	0.335573	90.02
90.04	09002	EPILEPSY MONITORING UNIT	40,573	702,045	742,618	0.467402	90.04
90.05	09003	OFFSITE IMAGING CENTER	44,648	12,012,836	12,057,484	0.073951	90.05
91.00	09100	EMERGENCY	36,437,343	108,916,214	145,353,557	0.118758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,281,756	24,872,253	34,154,009	0.375096	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	825,169,976	788,258,510	1,613,428,486		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	825,169,976	788,258,510	1,613,428,486		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/27/2019 8:41 am
			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 NICU			31.01
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114343		50.00
50.01	05001	ENDOSCOPY	0.105758		50.01
51.00	05100	RECOVERY ROOM	0.136906		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.367536		52.00
53.00	05300	ANESTHESIOLOGY	0.009694		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131477		54.00
54.01	03630	ULTRASOUND	0.062352		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.132169		54.02
54.03	03440	MAMMOGRAPHY	0.143951		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095300		55.00
56.00	05600	RADIOISOTOPE	0.040367		56.00
57.00	05700	CT SCAN	0.025149		57.00
58.00	05800	MRI	0.038054		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087154		59.00
60.00	06000	LABORATORY	0.069880		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230645		63.00
64.00	06400	INTRAVENOUS THERAPY	0.215614		64.00
65.00	06500	RESPIRATORY THERAPY	0.088366		65.00
66.00	06600	PHYSICAL THERAPY	0.218260		66.00
66.01	06601	REHAB OUTPATIENT	0.227028		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.034131		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079046		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.691866		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.503551		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178903		73.00
74.00	07400	RENAL DIALYSIS	0.271785		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.275371		90.01
90.02	09001	PROCEDURE CLINIC	0.335573		90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.467402		90.04
90.05	09003	OFFSITE IMAGING CENTER	0.073951		90.05
91.00	09100	EMERGENCY	0.118758		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375096		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:41 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,446,818		80,446,818	0	80,446,818	30.00
31.00	03100	INTENSIVE CARE UNIT	11,554,836		11,554,836	0	11,554,836	31.00
31.01	02060	NEONATAL NICU	15,910,599		15,910,599	0	15,910,599	31.01
43.00	04300	NURSERY	1,840,633		1,840,633	0	1,840,633	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,596,733		15,596,733	0	15,596,733	50.00
50.01	05001	ENDOSCOPY	3,622,414		3,622,414	0	3,622,414	50.01
51.00	05100	RECOVERY ROOM	3,172,040		3,172,040	0	3,172,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,835,539		9,835,539	0	9,835,539	52.00
53.00	05300	ANESTHESIOLOGY	457,719		457,719	0	457,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,490,921		6,490,921	0	6,490,921	54.00
54.01	03630	ULTRASOUND	2,215,869		2,215,869	0	2,215,869	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,229,692		1,229,692	0	1,229,692	54.02
54.03	03440	MAMMOGRAPHY	2,380,555		2,380,555	0	2,380,555	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,897,984		2,897,984	0	2,897,984	55.00
56.00	05600	RADIOISOTOPE	1,081,024		1,081,024	0	1,081,024	56.00
57.00	05700	CT SCAN	2,668,320		2,668,320	0	2,668,320	57.00
58.00	05800	MRI	1,797,249		1,797,249	0	1,797,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,280,995		3,280,995	0	3,280,995	59.00
60.00	06000	LABORATORY	13,238,311		13,238,311	0	13,238,311	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,905,539		1,905,539	0	1,905,539	63.00
64.00	06400	INTRAVENOUS THERAPY	639,193		639,193	0	639,193	64.00
65.00	06500	RESPIRATORY THERAPY	3,496,642	0	3,496,642	0	3,496,642	65.00
66.00	06600	PHYSICAL THERAPY	4,976,769	0	4,976,769	0	4,976,769	66.00
66.01	06601	REHAB OUTPATIENT	2,792,378	0	2,792,378	0	2,792,378	66.01
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	1,548,729		1,548,729	0	1,548,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	413,973		413,973	0	413,973	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,147,106		27,147,106	0	27,147,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,172,621		17,172,621	0	17,172,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,970,037		24,970,037	0	24,970,037	73.00
74.00	07400	RENAL DIALYSIS	1,216,492		1,216,492	0	1,216,492	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	67,622		67,622	0	67,622	90.01
90.02	09001	PROCEDURE CLINIC	4,337,317		4,337,317	0	4,337,317	90.02
90.04	09002	EPILEPSY MONITORING UNIT	347,101		347,101	0	347,101	90.04
90.05	09003	OFFSITE IMAGING CENTER	891,668		891,668	0	891,668	90.05
91.00	09100	EMERGENCY	17,261,902		17,261,902	0	17,261,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,811,036		12,811,036	0	12,811,036	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	301,714,376	0	301,714,376	0	301,714,376	200.00
201.00		Less Observation Beds	12,811,036		12,811,036		12,811,036	201.00
202.00		Total (see instructions)	288,903,340	0	288,903,340	0	288,903,340	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:41 am

					Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	151,997,070		151,997,070			30.00	
31.00	03100	INTENSIVE CARE UNIT	24,086,174		24,086,174			31.00	
31.01	02060	NEONATAL NICU	51,437,157		51,437,157			31.01	
43.00	04300	NURSERY	10,370,237		10,370,237			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	56,863,228	79,540,210	136,403,438	0.114343	0.000000	50.00	
50.01	05001	ENDOSCOPY	8,771,596	25,480,462	34,252,058	0.105758	0.000000	50.01	
51.00	05100	RECOVERY ROOM	9,705,366	13,464,147	23,169,513	0.136906	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,143,692	1,617,051	26,760,743	0.367536	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	19,068,396	28,147,705	47,216,101	0.009694	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,516,977	33,852,228	49,369,205	0.131477	0.000000	54.00	
54.01	03630	ULTRASOUND	8,542,383	26,995,447	35,537,830	0.062352	0.000000	54.01	
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,902,133	4,401,821	9,303,954	0.132169	0.000000	54.02	
54.03	03440	MAMMOGRAPHY	6,070	16,531,193	16,537,263	0.143951	0.000000	54.03	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,187,925	29,221,269	30,409,194	0.095300	0.000000	55.00	
56.00	05600	RADIOISOTOPE	7,966,439	18,813,241	26,779,680	0.040367	0.000000	56.00	
57.00	05700	CT SCAN	33,853,994	72,248,078	106,102,072	0.025149	0.000000	57.00	
58.00	05800	MRI	12,232,311	34,997,027	47,229,338	0.038054	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	22,065,945	15,579,808	37,645,753	0.087154	0.000000	59.00	
60.00	06000	LABORATORY	95,834,019	93,608,266	189,442,285	0.069880	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,355,879	1,905,920	8,261,799	0.230645	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	2,696,046	268,479	2,964,525	0.215614	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	36,637,451	2,932,734	39,570,185	0.088366	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	21,341,407	1,460,567	22,801,974	0.218260	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	3,263	12,296,426	12,299,689	0.227028	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	20,724,673	24,651,463	45,376,136	0.034131	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	762,921	4,474,212	5,237,133	0.079046	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,055,555	17,181,979	39,237,534	0.691866	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,195,070	11,907,974	34,103,044	0.503551	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	82,496,852	57,076,289	139,573,141	0.178903	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,322,345	153,589	4,475,934	0.271785	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	2,924	242,643	245,567	0.275371	0.000000	90.01	
90.02	09001	PROCEDURE CLINIC	220,158	12,704,934	12,925,092	0.335573	0.000000	90.02	
90.04	09002	EPILEPSY MONITORING UNIT	40,573	702,045	742,618	0.467402	0.000000	90.04	
90.05	09003	OFFSITE IMAGING CENTER	44,648	12,012,836	12,057,484	0.073951	0.000000	90.05	
91.00	09100	EMERGENCY	36,437,343	108,916,214	145,353,557	0.118758	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,281,756	24,872,253	34,154,009	0.375096	0.000000	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	825,169,976	788,258,510	1,613,428,486			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	825,169,976	788,258,510	1,613,428,486			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL NICU			31.01
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.02
54.03	03440	MAMMOGRAPHY	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.000000		90.01
90.02	09001	PROCEDURE CLINIC	0.000000		90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.000000		90.04
90.05	09003	OFFSITE IMAGING CENTER	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,010,736	0	12,010,736	68,704	174.82	30.00
31.00	INTENSIVE CARE UNIT	1,056,045		1,056,045	5,077	208.01	31.00
31.01	NEONATAL NICU	1,776,782		1,776,782	7,888	225.25	31.01
43.00	NURSERY	133,244		133,244	6,387	20.86	43.00
200.00	Total (lines 30 through 199)	14,976,807		14,976,807	88,056		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	20,780	3,632,760				
31.00	INTENSIVE CARE UNIT	2,008	417,684				
31.01	NEONATAL NICU	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	22,788	4,050,444				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,817,325	136,403,438	0.020654	19,730,140	407,506	50.00
50.01	05001	ENDOSCOPY	881,346	34,252,058	0.025731	3,770,866	97,028	50.01
51.00	05100	RECOVERY ROOM	488,910	23,169,513	0.021101	3,256,546	68,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,318,708	26,760,743	0.049278	47,970	2,364	52.00
53.00	05300	ANESTHESIOLOGY	60,989	47,216,101	0.001292	5,593,949	7,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,223,183	49,369,205	0.024776	6,225,325	154,239	54.00
54.01	03630	ULTRASOUND	122,057	35,537,830	0.003435	3,238,922	11,126	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	95,812	9,303,954	0.010298	2,009,097	20,690	54.02
54.03	03440	MAMMOGRAPHY	411,327	16,537,263	0.024873	573	14	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000,823	30,409,194	0.032912	448,358	14,756	55.00
56.00	05600	RADIOISOTOPE	184,478	26,779,680	0.006889	3,748,308	25,822	56.00
57.00	05700	CT SCAN	268,437	106,102,072	0.002530	12,801,422	32,388	57.00
58.00	05800	MRI	193,028	47,229,338	0.004087	4,385,510	17,924	58.00
59.00	05900	CARDIAC CATHETERIZATION	562,651	37,645,753	0.014946	8,507,738	127,157	59.00
60.00	06000	LABORATORY	1,238,197	189,442,285	0.006536	33,963,990	221,989	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,402	8,261,799	0.007674	1,662,220	12,756	63.00
64.00	06400	INTRAVENOUS THERAPY	7,772	2,964,525	0.002622	1,195,390	3,134	64.00
65.00	06500	RESPIRATORY THERAPY	161,901	39,570,185	0.004091	16,356,507	66,914	65.00
66.00	06600	PHYSICAL THERAPY	474,094	22,801,974	0.020792	10,651,970	221,476	66.00
66.01	06601	REHAB OUTPATIENT	44,578	12,299,689	0.003624	1,428	5	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,370	45,376,136	0.000713	8,567,502	6,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,461	5,237,133	0.009444	291,364	2,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	402,500	39,237,534	0.010258	5,959,861	61,136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	257,530	34,103,044	0.007552	9,730,372	73,484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	618,804	139,573,141	0.004434	29,553,446	131,040	73.00
74.00	07400	RENAL DIALYSIS	12,503	4,475,934	0.002793	1,980,122	5,530	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	703	245,567	0.002863	2,000	6	90.01
90.02	09001	PROCEDURE CLINIC	560,947	12,925,092	0.043400	71,767	3,115	90.02
90.04	09002	EPILEPSY MONITORING UNIT	6,238	742,618	0.008400	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	13,578	12,057,484	0.001126	17,001	19	90.05
91.00	09100	EMERGENCY	1,921,568	145,353,557	0.013220	13,347,164	176,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,912,688	34,154,009	0.056002	3,188,332	178,553	92.00
200.00	Total (lines 50 through 199)		17,407,908	1,375,537,848		210,305,160	2,151,425	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/27/2019 8:41 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
31.01	02060	NEONATAL NICU		0	0	0	0	0	0	31.01
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
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	68,704	0.00	20,780	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	5,077	0.00	2,008	31.00	
31.01	02060	NEONATAL NICU			0	7,888	0.00	0	31.01	
43.00	04300	NURSERY			0	6,387	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	88,056		22,788	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 NICU		0						31.01
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0290		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/27/2019 8:41 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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 FOR HEMOPHILIACS	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
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	0	0	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	136,403,438	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	34,252,058	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	23,169,513	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,760,743	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	47,216,101	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,369,205	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	35,537,830	0.000000	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	9,303,954	0.000000	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	16,537,263	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,409,194	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,779,680	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	106,102,072	0.000000	57.00
58.00	05800	MRI	0	0	0	47,229,338	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	37,645,753	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	189,442,285	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,261,799	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,964,525	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,570,185	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,801,974	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	12,299,689	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,376,136	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,237,133	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,237,534	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,103,044	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	139,573,141	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,475,934	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	245,567	0.000000	90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	12,925,092	0.000000	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	742,618	0.000000	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	12,057,484	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	145,353,557	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	34,154,009	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,375,537,848		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	19,730,140	0	11,795,669	0	50.00
50.01	05001 ENDOSCOPY	0.000000	3,770,866	0	7,566,578	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	3,256,546	0	2,014,218	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	47,970	0	2,200	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,593,949	0	5,572,383	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,225,325	0	5,825,560	0	54.00
54.01	03630 ULTRASOUND	0.000000	3,238,922	0	3,750,759	0	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	2,009,097	0	1,515,088	0	54.02
54.03	03440 MAMMOGRAPHY	0.000000	573	0	1,063,564	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	448,358	0	12,503,445	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,748,308	0	7,983,879	0	56.00
57.00	05700 CT SCAN	0.000000	12,801,422	0	17,783,183	0	57.00
58.00	05800 MRI	0.000000	4,385,510	0	9,122,037	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,507,738	0	6,639,359	0	59.00
60.00	06000 LABORATORY	0.000000	33,963,990	0	10,692,969	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,662,220	0	380,483	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,195,390	0	111,410	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	16,356,507	0	930,033	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,651,970	0	1,473	0	66.00
66.01	06601 REHAB OUTPATIENT	0.000000	1,428	0	272,370	0	66.01
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	8,567,502	0	6,731,423	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	291,364	0	1,202,476	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,959,861	0	3,195,147	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,730,372	0	4,246,754	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	29,553,446	0	17,822,009	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,980,122	0	127,689	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0.000000	2,000	0	132,908	0	90.01
90.02	09001 PROCEDURE CLINIC	0.000000	71,767	0	5,528,972	0	90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.000000	0	0	27,727	0	90.04
90.05	09003 OFFSITE IMAGING CENTER	0.000000	17,001	0	3,158,312	0	90.05
91.00	09100 EMERGENCY	0.000000	13,347,164	0	13,606,245	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,188,332	0	4,514,004	0	92.00
200.00	Total (lines 50 through 199)		210,305,160	0	165,820,326	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
					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	0.114343	11,795,669	0	0	1,348,752	50.00
50.01	05001	ENDOSCOPY	0.105758	7,566,578	0	0	800,226	50.01
51.00	05100	RECOVERY ROOM	0.136906	2,014,218	0	0	275,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.367536	2,200	0	0	809	52.00
53.00	05300	ANESTHESIOLOGY	0.009694	5,572,383	0	0	54,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131477	5,825,560	0	0	765,927	54.00
54.01	03630	ULTRASOUND	0.062352	3,750,759	0	0	233,867	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.132169	1,515,088	0	0	200,248	54.02
54.03	03440	MAMMOGRAPHY	0.143951	1,063,564	0	0	153,101	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095300	12,503,445	0	0	1,191,578	55.00
56.00	05600	RADIOISOTOPE	0.040367	7,983,879	0	0	322,285	56.00
57.00	05700	CT SCAN	0.025149	17,783,183	0	0	447,229	57.00
58.00	05800	MRI	0.038054	9,122,037	0	0	347,130	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087154	6,639,359	0	0	578,647	59.00
60.00	06000	LABORATORY	0.069880	10,692,969	0	0	747,225	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230645	380,483	0	0	87,757	63.00
64.00	06400	INTRAVENOUS THERAPY	0.215614	111,410	0	0	24,022	64.00
65.00	06500	RESPIRATORY THERAPY	0.088366	930,033	0	0	82,183	65.00
66.00	06600	PHYSICAL THERAPY	0.218260	1,473	0	0	321	66.00
66.01	06601	REHAB OUTPATIENT	0.227028	272,370	0	0	61,836	66.01
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	0.034131	6,731,423	0	0	229,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079046	1,202,476	0	0	95,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.691866	3,195,147	0	0	2,210,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.503551	4,246,754	8,800	0	2,138,457	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178903	17,822,009	0	49,673	3,188,411	73.00
74.00	07400	RENAL DIALYSIS	0.271785	127,689	0	0	34,704	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.275371	132,908	0	0	36,599	90.01
90.02	09001	PROCEDURE CLINIC	0.335573	5,528,972	0	0	1,855,374	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.467402	27,727	0	0	12,960	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.073951	3,158,312	0	0	233,560	90.05
91.00	09100	EMERGENCY	0.118758	13,606,245	0	150	1,615,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375096	4,514,004	0	0	1,693,185	92.00
200.00		Subtotal (see instructions)		165,820,326	8,800	49,823	21,067,436	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		165,820,326	8,800	49,823	21,067,436	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/27/2019 8:41 am

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
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	03630	ULTRASOUND	0	0		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.02
54.03	03440	MAMMOGRAPHY	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	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 FOR HEMOPHILIACS	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
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	REHAB OUTPATIENT	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,431	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,887		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0		90.01
90.02	09001	PROCEDURE CLINIC	0	0		90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0		90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0		90.05
91.00	09100	EMERGENCY	0	18		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	4,431	8,905		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	4,431	8,905		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/27/2019 8:41 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			68,704	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			68,704	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)			57,763	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)			20,780	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)			80,446,818	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)			80,446,818	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)			80,446,818	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,170.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			24,331,718	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)			24,331,718	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0290

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

Worksheet D-1

Date/Time Prepared:

11/27/2019 8:41 am

		Title XVIII		Hospital		PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,554,836	5,077	2,275.92	2,008	4,570,047	43.00
43.01	NEONATAL NICU	15,910,599	7,888	2,017.06	0	0	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)					30,638,909	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,540,674	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)					4,050,444	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,151,425	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,201,869	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,338,805	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)					10,941	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,170.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,811,036	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0290

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

Worksheet D-1

Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	12,010,736	80,446,818	0.149300	12,811,036	1,912,688 90.00
91.00	Nursing School cost	0	80,446,818	0.000000	12,811,036	0 91.00
92.00	Allied health cost	0	80,446,818	0.000000	12,811,036	0 92.00
93.00	All other Medical Education	0	80,446,818	0.000000	12,811,036	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/27/2019 8:41 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		51,816,120	30.00
31.00	03100	INTENSIVE CARE UNIT		9,487,110	31.00
31.01	02060	NEONATAL NICU		0	31.01
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114343	19,730,140	50.00
50.01	05001	ENDOSCOPY	0.105758	3,770,866	50.01
51.00	05100	RECOVERY ROOM	0.136906	3,256,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.367536	47,970	52.00
53.00	05300	ANESTHESIOLOGY	0.009694	5,593,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131477	6,225,325	54.00
54.01	03630	ULTRASOUND	0.062352	3,238,922	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.132169	2,009,097	54.02
54.03	03440	MAMMOGRAPHY	0.143951	573	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095300	448,358	55.00
56.00	05600	RADIOISOTOPE	0.040367	3,748,308	56.00
57.00	05700	CT SCAN	0.025149	12,801,422	57.00
58.00	05800	MRI	0.038054	4,385,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087154	8,507,738	59.00
60.00	06000	LABORATORY	0.069880	33,963,990	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230645	1,662,220	63.00
64.00	06400	INTRAVENOUS THERAPY	0.215614	1,195,390	64.00
65.00	06500	RESPIRATORY THERAPY	0.088366	16,356,507	65.00
66.00	06600	PHYSICAL THERAPY	0.218260	10,651,970	66.00
66.01	06601	REHAB OUTPATIENT	0.227028	1,428	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.034131	8,567,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079046	291,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.691866	5,959,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.503551	9,730,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178903	29,553,446	73.00
74.00	07400	RENAL DIALYSIS	0.271785	1,980,122	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.275371	2,000	90.01
90.02	09001	PROCEDURE CLINIC	0.335573	71,767	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.467402	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.073951	17,001	90.05
91.00	09100	EMERGENCY	0.118758	13,347,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.375096	3,188,332	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		210,305,160	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)		210,305,160	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 8:41 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,934,214	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		31,472,384	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,156,582	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		288.02	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.39	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.95	31.00
32.00	Sum of lines 30 and 31		28.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.60	33.00
34.00	Disproportionate share adjustment (see instructions)		1,304,308	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 8:41 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000464345	0.000435729	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,142,084	3,604,731	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	791,978	2,696,141	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,488,119		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	47,355,607		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		47,355,607	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,684,149	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)		51,039,756	59.00
60.00	Primary payer payments		53,029	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,986,727	61.00
62.00	Deductibles billed to program beneficiaries		4,421,660	62.00
63.00	Coinsurance billed to program beneficiaries		300,957	63.00
64.00	Allowable bad debts (see instructions)		607,370	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		394,791	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		338,609	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,658,901	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)		89,023	70.93
70.94	HRR adjustment amount (see instructions)		-590,595	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/27/2019 8:41 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			46,157,329	71.00
71.01	Sequestration adjustment (see instructions)			923,147	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			45,038,408	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			195,774	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			680,796	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/27/2019 8:41 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,336	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,067,436	2.00
3.00	OPPS payments		21,388,355	3.00
4.00	Outlier payment (see instructions)		18,039	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)		13,336	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		58,623	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)		58,623	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)		58,623	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,287	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)		13,336	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)		21,406,394	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,760	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,064,374	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)		17,353,596	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)		17,353,596	30.00
31.00	Primary payer payments		19,941	31.00
32.00	Subtotal (line 30 minus line 31)		17,333,655	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)		484,358	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		314,833	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		296,931	36.00
37.00	Subtotal (see instructions)		17,648,488	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,648,488	40.00
40.01	Sequestration adjustment (see instructions)		352,970	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,485,746	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-190,228	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/27/2019 8:41 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		44,460,120		16,980,032	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		428,288		408,614	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	01/16/2019	150,000	01/16/2019	97,100	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)		150,000		97,100	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)		45,038,408		17,485,746	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		195,774		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		190,228	6.02
7.00	Total Medicare program liability (see instructions)		45,234,182		17,295,518	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/27/2019 8:41 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0290

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

Worksheet G

Date/Time Prepared:
11/27/2019 8:41 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-1,002,476	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	200,167,258	0	0	0	4.00
5.00 Other receivable	21,978,494	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-136,272,674	0	0	0	6.00
7.00 Inventory	4,947,142	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	-81,663	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	89,736,081	0	0	0	11.00
FIXED ASSETS					
12.00 Land	12,220,000	0	0	0	12.00
13.00 Land improvements	303,983	0	0	0	13.00
14.00 Accumulated depreciation	-74,026	0	0	0	14.00
15.00 Buildings	262,615,605	0	0	0	15.00
16.00 Accumulated depreciation	-62,830,143	0	0	0	16.00
17.00 Leasehold improvements	8,321,950	0	0	0	17.00
18.00 Accumulated depreciation	-5,414,866	0	0	0	18.00
19.00 Fixed equipment	2,276,110	0	0	0	19.00
20.00 Accumulated depreciation	-891,514	0	0	0	20.00
21.00 Automobiles and trucks	39,784	0	0	0	21.00
22.00 Accumulated depreciation	-26,924	0	0	0	22.00
23.00 Major movable equipment	61,185,284	0	0	0	23.00
24.00 Accumulated depreciation	-37,128,615	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	288,226	0	0	0	27.00
28.00 Accumulated depreciation	-117,861	0	0	0	28.00
29.00 Minor equipment-nondepreciable	9,735,836	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	250,502,829	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	962,657	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	256,667	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,219,324	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	341,458,234	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	7,373,081	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,074,711	0	0	0	38.00
39.00 Payroll taxes payable	1,370,413	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	70,506,674	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	87,324,879	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	87,324,879	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	254,133,355	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	254,133,355	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	341,458,234	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0290

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

Worksheet G-1

Date/Time Prepared:
11/27/2019 8:41 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		235,526,108		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,607,247				2.00
3.00	Total (sum of line 1 and line 2)		254,133,355		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS FROM AFFILIATES	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)		254,133,355		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		254,133,355		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	TRANSFERS FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0290

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2019 8:41 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	159,026,523		159,026,523	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	159,026,523		159,026,523	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,206,899		24,206,899	11.00
11.01	NEONATAL NICU	52,841,665		52,841,665	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	77,048,564		77,048,564	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	236,075,087		236,075,087	17.00
18.00	Ancillary services	578,287,315	793,453,089	1,371,740,404	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	10,370,102	0	10,370,102	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	824,732,504	793,453,089	1,618,185,593	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		337,249,562		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)		337,249,562		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0290

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

Worksheet G-3

Date/Time Prepared:
11/27/2019 8:41 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,618,185,593	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,270,380,850	2.00
3.00	Net patient revenues (line 1 minus line 2)	347,804,743	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	337,249,562	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,555,181	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	322,057	6.00
7.00	Income from investments	1,486,953	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	1,390,431	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	958,173	17.00
18.00	Revenue from sale of medical records and abstracts	3,937	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	345,573	20.00
21.00	Rental of vending machines	93,275	21.00
22.00	Rental of hospital space	2,059,664	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	146,466	24.00
24.01	ACO	784,601	24.01
24.02	GROUND LEASE	74,558	24.02
24.03	UNCLAIMED PROPERTY EXEMPTIONS	386,378	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
25.00	Total other income (sum of lines 6-24)	8,052,066	25.00
26.00	Total (line 5 plus line 25)	18,607,247	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)	18,607,247	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0290	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/27/2019 8:41 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,369,512	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		115,499	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)		197.72	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)		2.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.95	8.00
9.00	Sum of lines 7 and 8		28.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.91	10.00
11.00	Disproportionate share adjustment (see instructions)		199,138	11.00
12.00	Total prospective capital payments (see instructions)		3,684,149	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