

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: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/29/2020 2:21 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/29/2020	Time: 2:21 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL (14-0291) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	479,796	340,790	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	479,796	340,790	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: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/29/2020 2:21 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 450 W. HIGHWAY 22			PO Box:				1.00	
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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)					N	N		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.			324	656	0	0	1,608	24

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
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.							
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

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

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To 12/31/2019Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
			V 1.00	XIX 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.	Y	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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/29/2020 2:21 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	303,972	785,032	1,091,562118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.05	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/29/2020 2:21 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVOCATE HEALTH CARE		Contractor's Name: NGS		Contractor's Number: 06101				141.00
142.00	Street: 3075 HIGHLAND PARKWAY		PO Box: SUITE 600						142.00
143.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515				143.00
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								N
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.								146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
161.10	CORF				N	N	N		
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/29/2020 2:21 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/26/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/14/2020	Y 04/14/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/29/2020 2:21 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	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.		N	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.		N	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.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y	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.	SCOTT	MITCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309295761	SCOTT.MITCHELL@ADVOCATEHEALT H.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	144	52,560	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)		144	52,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		176	64,240	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176				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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,649	733	31,648			1.00
2.00	HMO and other (see instructions)	3,352	1,608				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)	15,649	733	31,648			7.00
8.00	INTENSIVE CARE UNIT	2,821	145	5,343			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		102	1,432			13.00
14.00	Total (see instructions)	18,470	980	38,423	0.00	1,025.29	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,025.29	27.00
28.00	Observation Bed Days		97	7,650			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	24	334			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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,532	270	10,006	1.00
2.00 HMO and other (see instructions)			747	427		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,532	270	10,006	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	79,217,446	0	79,217,446	2,132,603.00	37.15
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)		301,519	0	301,519	15,163.20	19.88
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
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		1,119,820	0	1,119,820	7,449.30	150.33
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		11,808,849	0	11,808,849	165,733.00	71.25
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,552,129	0	22,552,129		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		24,312	0	24,312		
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)		1,780,569	0	1,780,569		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	994,608	-779,917	214,691	2,891.00	74.26	26.00
27.00	Administrative & General	5.00	9,891,334	476,123	10,367,457	233,688.00	44.36	27.00
28.00	Administrative & General under contract (see inst.)		580,587	0	580,587	2,931.00	198.08	28.00
29.00	Maintenance & Repairs	6.00	1,530,736	9,738	1,540,474	43,971.00	35.03	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,666,926	7,118	1,674,044	96,075.00	17.42	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,790,145	9,555	1,799,700	86,070.00	20.91	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,561,998	26,727	1,588,725	30,659.00	51.82	38.00
39.00	Central Services and Supply	14.00	546,198	0	546,198	26,957.00	20.26	39.00
40.00	Pharmacy	15.00	3,609,816	0	3,609,816	69,098.00	52.24	40.00
41.00	Medical Records & Medical Records Library	16.00	181,020	0	181,020	4,014.00	45.10	41.00
42.00	Social Service	17.00	455,793	0	455,793	11,502.00	39.63	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/29/2020 2:21 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	79,798,033	0	79,798,033	2,135,534.00	37.37	1.00
2.00	Excluded area salaries (see instructions)	301,519	0	301,519	15,163.20	19.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,496,514	0	79,496,514	2,120,370.80	37.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,928,669	0	12,928,669	173,182.30	74.65	4.00
5.00	Subtotal wage-related costs (see inst.)	24,332,698	0	24,332,698	0.00	30.61	5.00
6.00	Total (sum of lines 3 thru 5)	116,757,881	0	116,757,881	2,293,553.10	50.91	6.00
7.00	Total overhead cost (see instructions)	22,809,161	-250,656	22,558,505	607,856.00	37.11	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/29/2020 2:21 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,816,757	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)	2,401,508	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)	7,190,319	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,799,908	9.00
10.00	Dental, Hearing and Vision Plan	260,671	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	63,639	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)	713,910	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,820,000	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	5,656,364	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	75,487	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))	338,339	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	439,539	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,576,441	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	22,576,441	1.00
2.00	Hospital	0	22,576,441	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0291

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

Worksheet S-10

Date/Time Prepared:
7/29/2020 2:21 pm

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.273071	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		9,868,615	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		55,932,320	6.00
7.00	Medicaid cost (line 1 times line 6)		15,273,495	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)		5,404,880	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)		5,404,880	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,295,863	1,653,356	10,949,219
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,538,431	1,653,356	4,191,787
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,538,431	1,653,356	4,191,787
			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)		10,812,180	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		541,985	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		833,823	27.01
28.00	Non-Medicare bad debt expense (see instructions)		9,978,357	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,016,638	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,208,425	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,613,305	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	13,695,828	13,695,828	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,267,525	10,267,525	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	994,608	16,388,560	17,383,168	-779,917	4.00
5.01	00540	NONPATIENT TELEPHONES	248,966	850,151	1,099,117	-486	5.01
5.02	00550	DATA PROCESSING	25,368	304,731	330,099	-276,968	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	501,835	953,078	1,454,913	-122,601	5.03
5.04	00570	ADMITTING	1,169,933	116,470	1,286,403	-12,837	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	338	13,135,585	13,135,923	-1,411	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	7,944,894	62,004,228	69,949,122	-13,655,916	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,530,736	8,703,883	10,234,619	-917,580	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	811,606	811,606	0	8.00
9.00	00900	HOUSEKEEPING	1,666,926	776,413	2,443,339	-25,463	9.00
10.00	01000	DIETARY	1,790,145	1,173,108	2,963,253	-33,234	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,561,998	280,015	1,842,013	-51,982	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	546,198	4,933,109	5,479,307	-4,215,876	14.00
15.00	01500	PHARMACY	3,609,816	15,809,603	19,419,419	-12,984,350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181,020	264,080	445,100	-4,489	16.00
17.00	01700	SOCIAL SERVICE	455,793	91,722	547,515	-509	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	201,750	15,121	216,871	1	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,259,319	3,521,410	20,780,729	18,544	30.00
31.00	03100	INTENSIVE CARE UNIT	5,190,938	4,607,569	9,798,507	-2,351,895	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,035,623	163,763	1,199,386	-79,041	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,988,095	26,026,672	34,014,767	-23,113,994	50.00
51.00	05100	RECOVERY ROOM	1,182,067	249,061	1,431,128	-152,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,914,327	1,109,942	3,024,269	-254,866	52.00
53.00	05300	ANESTHESIOLOGY	159,856	497,878	657,734	-448,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,350,209	5,024,716	9,374,925	-2,670,699	54.00
56.00	05600	RADIOISOTOPE	377,576	733,391	1,110,967	-690,463	56.00
56.01	03630	ULTRA SOUND	864,023	169,558	1,033,581	-105,833	56.01
57.00	05700	CT SCAN	929,909	765,051	1,694,960	-645,468	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	566,111	643,273	1,209,384	-547,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,835,955	9,605,293	11,441,248	-9,510,829	59.00
60.00	06000	LABORATORY	0	8,167,430	8,167,430	-697,345	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,593,338	493,971	2,087,309	-301,466	65.00
66.00	06600	PHYSICAL THERAPY	2,605,173	345,011	2,950,184	-51,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,176,611	1,448,523	2,625,134	-101,723	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,211	14,064	87,275	-7,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,622,241	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,731,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,698,289	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	426,083	75,491	501,574	-28,597	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,931,235	2,047,185	4,978,420	-386,765	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,227,694	1,678,931	5,906,625	-803,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,117,677	193,999,646	273,117,323	239	273,117,562	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,602	4,418	10,020	0	10,020	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	94,167	304,765	398,932	-239	398,693	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	79,217,446	194,308,829	273,526,275	0	273,526,275	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,433,661	16,129,489	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,593,594	11,861,119	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,256,791	19,860,042	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,098,631	5.01
5.02	00550	DATA PROCESSING	12,099,368	12,152,499	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,332,312	5.03
5.04	00570	ADMITTING	0	1,273,566	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-10,810,761	2,323,751	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-25,270,248	31,022,958	5.06
6.00	00600	MAINTENANCE & REPAIRS	-604	9,316,435	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	811,606	8.00
9.00	00900	HOUSEKEEPING	0	2,417,876	9.00
10.00	01000	DIETARY	-688,060	2,241,959	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-9,336	1,780,695	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,263,431	14.00
15.00	01500	PHARMACY	-370	6,434,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	440,611	16.00
17.00	01700	SOCIAL SERVICE	-57,509	489,497	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	-1,600	215,272	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-134,218	20,665,055	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,204	7,444,408	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,120,345	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-825,467	10,075,306	50.00
51.00	05100	RECOVERY ROOM	0	1,278,388	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-650,661	2,118,742	52.00
53.00	05300	ANESTHESIOLOGY	-1,000	208,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,321	6,664,905	54.00
56.00	05600	RADIOISOTOPE	-88	420,416	56.00
56.01	03630	ULTRA SOUND	-28	927,720	56.01
57.00	05700	CT SCAN	0	1,049,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	662,168	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,930,419	59.00
60.00	06000	LABORATORY	-199,920	7,270,165	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-240	1,785,603	65.00
66.00	06600	PHYSICAL THERAPY	0	2,898,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-628,607	1,894,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,622,241	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,731,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,698,289	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	472,977	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-179,429	4,412,226	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-4,331	5,098,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,120,588	252,996,974	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,020	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	-21,977	376,716	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,142,565	253,383,710	200.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/29/2020 2:21 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,695,828		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,267,525		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
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	23,963,353		
	C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,698,289		1.00
	TOTALS		0	12,698,289		
	D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	50,056		1.00
	TOTALS		0	50,056		
	F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39,353,641		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
7.00		0.00	0	0		7.00
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
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/29/2020 2:21 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	39,353,641	
G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	16,731,400	1.00
	PATIENT				
	TOTALS		0	16,731,400	
H - PARA MED ED PASTORAL CARE					
1.00	PARAMED ED PRGM-PASTORAL	23.00	0	1	1.00
	CARE				
	TOTALS		0	1	
J - UNIVERSAL BEDS					
1.00	ADULTS & PEDIATRICS	30.00	1,402,614	394,501	1.00
	TOTALS		1,402,614	394,501	
L - INCENTIVE COMP					
1.00	PURCHASING RECEIVING AND	5.03	9,005	0	1.00
	STORES				
2.00	HOUSEKEEPING	9.00	7,118	0	2.00
3.00	OTHER ADMINISTRATIVES AND	5.06	467,118	0	3.00
	GENERAL				
4.00	MAINTENANCE & REPAIRS	6.00	9,738	0	4.00
5.00	NURSING ADMINISTRATION	13.00	26,727	0	5.00
6.00	DIETARY	10.00	9,555	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	102,799	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	10,241	0	8.00
9.00	OPERATING ROOM	50.00	9,708	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	11,451	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	30,554	0	11.00
12.00	RESPIRATORY THERAPY	65.00	10,029	0	12.00
13.00	EMERGENCY	91.00	23,837	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	42,495	0	14.00
15.00	CLINIC	90.00	9,542	0	15.00
	TOTALS		779,917	0	
500.00	Grand Total: Increases		2,182,531	93,191,241	500.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
7/29/2020 2:21 pm

	Decreases						11/29/2020 2:21 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	B - DEPRECIATION						
1.00	SOCIAL SERVICE	17.00	0	509	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	25	9		2.00
3.00	DATA PROCESSING	5.02	0	276,968	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	130,038	9		4.00
5.00	ADMITTING	5.04	0	12,084	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,411	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	14,089,340	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	770,419	9		8.00
9.00	PHYSICAL THERAPY	66.00	0	25,056	9		9.00
10.00	HOUSEKEEPING	9.00	0	19,602	9		10.00
11.00	DIETARY	10.00	0	32,262	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	76,473	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,365	9		13.00
14.00	PHARMACY	15.00	0	145,937	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,489	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	911,623	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	105,449	9		17.00
18.00	NURSERY	43.00	0	41,864	9		18.00
19.00	OPERATING ROOM	50.00	0	2,745,986	9		19.00
20.00	RECOVERY ROOM	51.00	0	104,842	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,042	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	3,256	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,882,446	9		23.00
24.00	RADIOISOTOPE	56.00	0	6,240	9		24.00
25.00	ULTRA SOUND	56.01	0	91,881	9		25.00
26.00	CT SCAN	57.00	0	250,922	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	376,938	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	1,234,412	9		28.00
29.00		0.00	0	0	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	88,248	9		30.00
31.00		0.00	0	0	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	133,286	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,064	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	16,668	9		34.00
35.00	CLINIC	90.00	0	54,382	9		35.00
36.00	EMERGENCY	91.00	0	168,826	9		36.00
37.00		0.00	0	0	9		37.00
38.00		0.00	0	0	9		38.00
	TOTALS		0	23,963,353			
C - DRUGS							
1.00	PHARMACY	15.00	0	12,698,289	0		1.00
	TOTALS		0	12,698,289			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	50,056	0		1.00
	TOTALS		0	50,056			
F - MEDICAL SUPPLIES							
1.00		0.00	0	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	461	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,568	0		3.00
4.00	ADMITTING	5.04	0	753	0		4.00
5.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	33,693	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	106,843	0		7.00
9.00	HOUSEKEEPING	9.00	0	12,979	0		9.00
10.00	DIETARY	10.00	0	10,527	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	2,236	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,089,511	0		12.00
13.00	PHARMACY	15.00	0	140,124	0		13.00
16.00	ADULTS & PEDIATRICS	30.00	0	969,747	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	459,572	0		17.00
18.00	NURSERY	43.00	0	37,177	0		18.00
19.00	OPERATING ROOM	50.00	0	20,377,716	0		19.00
20.00	RECOVERY ROOM	51.00	0	47,898	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	236,275	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	444,862	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	818,807	0		23.00
24.00	RADIOISOTOPE	56.00	0	684,223	0		24.00
25.00	ULTRA SOUND	56.01	0	13,952	0		25.00

RECLASSIFICATIONS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
7/29/2020 2:21 pm

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
26.00	CT SCAN	57.00	0	394,546	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	170,278	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	8,276,417	0		28.00
29.00	LABORATORY	60.00	0	697,345	0		29.00
31.00	RESPIRATORY THERAPY	65.00	0	273,303	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	26,858	0		32.00
34.00	ELECTROCARDIOLOGY	69.00	0	10,932	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,605	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	11,929	0		36.00
37.00	CLINIC	90.00	0	341,925	0		37.00
38.00	EMERGENCY	91.00	0	658,340	0		38.00
39.00	NONREIMBURSABLE COST CENTERS	194.00	0	239	0		39.00
	TOTALS		0	39,353,641			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,731,400	0		1.00
	TOTALS		0	16,731,400			
H - PARA MED ED PASTORAL CARE							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	1	0		1.00
	TOTALS		0	1			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,402,614	394,501	0		1.00
	TOTALS		1,402,614	394,501			
L - INCENTIVE COMP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	779,917	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
	TOTALS		779,917	0			
500.00	Grand Total: Decreases		2,182,531	93,191,241			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,612,336	0	0	0	0	1.00	
2.00	Land Improvements	16,007,933	13,163	0	13,163	0	2.00	
3.00	Buildings and Fixtures	329,785,094	1,801,423	0	1,801,423	0	3.00	
4.00	Building Improvements	5,285,761	0	0	0	0	4.00	
5.00	Fixed Equipment	121,606,229	2,962,304	0	2,962,304	38,290,974	5.00	
6.00	Movable Equipment	501,883	0	0	0	245,824	6.00	
7.00	HIT designated Assets	454,996	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	478,254,232	4,776,890	0	4,776,890	38,536,798	8.00	
9.00	Reconciling Items	-1,311,464	508,666	0	508,666	0	9.00	
10.00	Total (line 8 minus line 9)	479,565,696	4,268,224	0	4,268,224	38,536,798	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,612,336	0					1.00
2.00	Land Improvements	16,021,096	5,263,228					2.00
3.00	Buildings and Fixtures	331,586,517	54,001,520					3.00
4.00	Building Improvements	5,285,761	4,582,696					4.00
5.00	Fixed Equipment	86,277,559	20,592,020					5.00
6.00	Movable Equipment	256,059	109,623					6.00
7.00	HIT designated Assets	454,996	0					7.00
8.00	Subtotal (sum of lines 1-7)	444,494,324	84,549,087					8.00
9.00	Reconciling Items	-802,798	0					9.00
10.00	Total (line 8 minus line 9)	445,297,122	84,549,087					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	16,129,489	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,861,119	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,990,608	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	16,129,489	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,861,119	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	27,990,608	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-2,166,619			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	112,152			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,309,693	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	46,716	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 INTERCOMPANY INTEREST	A	-5,337,204	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	33.00
34.00 MEDICAID PROVIDER TAX	A	-10,064,292	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34.00
35.00 HOSPICE	A	-59,575	ADULTS & PEDIATRICS	30.00	0	35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-39,855	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-13,210	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	37.00
37.50 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.50
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	38.00
39.00 PATIENT TRANSPORT	A	-15,015	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	39.00
39.02 HOME OFFICE EXCESS SRCO	A	-519,300	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	39.02
39.03 MISC INCOME	B	-227,169	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	39.03
40.00 MISC INCOME	B	-89,410	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.01 MISC INCOME	B	0	ELECTROCARDIOLOGY	69.00	0	41.01
41.02 MISC INCOME	B	0	CARDIAC REHABILITATION	76.97	0	41.02
41.03 MISC INCOME	B	0	EMERGENCY	91.00	0	41.03
42.00 MISC INCOME	B	-687,582	DIETARY	10.00	0	42.00
43.00 MISC INCOME	B	-1,600	PARAMED ED PRGM-PASTORAL CARE	23.00	0	43.00
45.00 MISC INCOME	B	-200	MAINTENANCE & REPAIRS	6.00	0	45.00
45.01 MISC INCOME	B	-17,777	CLINIC	90.00	0	45.01
45.02 MISC INCOME	B	-5,079	ADULTS & PEDIATRICS	30.00	0	45.02
45.03 MISC INCOME		0		0.00	0	45.03
45.04 MISC INCOME	B	-34,848	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05 MISC INCOME	B	-199,920	LABORATORY	60.00	0	45.05
45.06 MISC INCOME	B	-240	RESPIRATORY THERAPY	65.00	0	45.06
45.07 NONALLOWABLE		0		0.00	0	45.07
45.08 AHP PHO CC 7623	A	-2,145,969	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.08
45.09 NONALLOWABLE		0		0.00	0	45.09
45.10 NONALLOWABLE	A	-404	MAINTENANCE & REPAIRS	6.00	0	45.10
45.11 NONALLOWABLE	A	-478	DIETARY	10.00	0	45.11
45.12 NONALLOWABLE	A	-9,336	NURSING ADMINISTRATION	13.00	0	45.12
45.13 NONALLOWABLE	A	-370	PHARMACY	15.00	0	45.13
45.14 NONALLOWABLE	A	-57,509	SOCIAL SERVICE	17.00	0	45.14
45.15 NONALLOWABLE		0		0.00	0	45.15
45.16 NONALLOWABLE	A	-588,758	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.16
45.17 NONALLOWABLE		0		0.00	0	45.17
45.18 NONALLOWABLE	A	-3,364	ADULTS & PEDIATRICS	30.00	0	45.18
45.19 NONALLOWABLE	A	-2,204	INTENSIVE CARE UNIT	31.00	0	45.19
45.20 NONALLOWABLE	A	-67	OPERATING ROOM	50.00	0	45.20
45.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.21
45.22 NONALLOWABLE	A	-4,473	RADIOLOGY-DIAGNOSTIC	54.00	0	45.22
45.23 NONALLOWABLE	A	-28	ULTRA SOUND	56.01	0	45.23
45.24 NONALLOWABLE		0		0.00	0	45.24
45.25 NONALLOWABLE		0		0.00	0	45.25
45.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.26
45.27 NONALLOWABLE	A	-4,331	EMERGENCY	91.00	0	45.27
45.28 NONALLOWABLE	A	-1,749	ELECTROCARDIOLOGY	69.00	0	45.28
45.29 NONALLOWABLE	A	-88	RADIOISOTOPE	56.00	0	45.29
45.30 NONALLOWABLE	A	-161,652	CLINIC	90.00	0	45.30
45.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.31
45.32 NONALLOWABLE	A	-16,777	NONREIMBURSABLE COST CENTERS	194.00	0	45.32
45.48 NONALLOWABLE	A	-3,500	DELIVERY ROOM & LABOR ROOM	52.00	0	45.48

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.49	HBP	A	-125,974	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.49
45.50	HBP	A	-5,200	NONREIMBURSABLE COST CENTERS	194.00	0	45.50
45.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.51
45.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.52
45.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.53
45.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,142,565				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: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2020 2:21 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	3,256,791	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	12,099,368	0 2.00
3.00		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	123,968	0 3.00
4.00		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,546,878	0 4.00
4.01		5.06	OTHER ADMINISTRATIVES AND GE	A&G	6,270,702	23,185,555 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
5.00	0				23,297,707	23,185,555 5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
7/29/2020 2:21 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,256,791	0		1.00
2.00	12,099,368	0		2.00
3.00	123,968	9		3.00
4.00	1,546,878	9		4.00
4.01	-16,914,853	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	112,152			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:
7/29/2020 2:21 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	66,200	66,200	0	194,500	0	1.00
2.00	53.00	ANESTHESIOLOGY	1,000	1,000	0	194,500	0	2.00
3.00	50.00	OPERATING ROOM	825,400	825,400	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	647,161	647,161	0	194,500	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	626,858	626,858	0	171,400	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			2,166,619	2,166,619	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	66,200		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,000		2.00
3.00	50.00	OPERATING ROOM	0	0	0	825,400		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	647,161		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	626,858		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,166,619		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	16,129,489	16,129,489			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,861,119	11,861,119			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,860,042	16,935	12,454	19,889,431	4.00
5.01	00540	NONPATIENT TELEPHONES	1,098,631	147,901	108,762	62,679	1,417,973
5.02	00550	DATA PROCESSING	12,152,499	74,686	54,922	6,387	457
5.03	00560	PURCHASING RECEIVING AND STORES	1,332,312	134,528	98,928	128,607	9,198
5.04	00570	ADMITTING	1,273,566	48,199	35,444	294,538	21,065
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,323,751	36,762	27,034	85	6
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	31,022,958	1,050,023	772,154	2,117,774	151,458
6.00	00600	MAINTENANCE & REPAIRS	9,316,435	4,602,854	3,384,792	387,824	27,736
8.00	00800	LAUNDRY & LINEN SERVICE	811,606	33,200	24,414	0	0
9.00	00900	HOUSEKEEPING	2,417,876	295,828	217,543	421,451	30,141
10.00	01000	DIETARY	2,241,959	277,060	203,741	453,085	32,404
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,780,695	18,794	13,821	399,971	28,605
14.00	01400	CENTRAL SERVICES & SUPPLY	1,263,431	168,941	124,234	137,509	9,834
15.00	01500	PHARMACY	6,434,699	104,220	76,640	908,793	64,995
16.00	01600	MEDICAL RECORDS & LIBRARY	440,611	48,302	35,520	45,573	3,259
17.00	01700	SOCIAL SERVICE	489,497	3,485	2,563	114,749	8,207
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	215,272	42,261	31,078	50,792	3,633
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,665,055	2,899,317	2,132,067	4,724,147	337,869
31.00	03100	INTENSIVE CARE UNIT	7,444,408	913,740	671,935	956,312	68,393
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,120,345	88,937	65,401	260,724	18,646
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,075,306	1,570,066	1,154,577	2,013,495	144,000
51.00	05100	RECOVERY ROOM	1,278,388	152,058	111,818	297,592	21,283
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,118,742	203,380	149,559	484,826	34,674
53.00	05300	ANESTHESIOLOGY	208,616	25,816	18,984	40,245	2,878
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,664,905	493,116	362,622	1,102,883	78,876
56.00	05600	RADIOISOTOPE	420,416	44,894	33,014	95,057	6,798
56.01	03630	ULTRA SOUND	927,720	158,951	116,887	217,523	15,557
57.00	05700	CT SCAN	1,049,492	113,462	83,437	234,110	16,743
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	662,168	62,630	46,056	142,522	10,193
59.00	05900	CARDIAC CATHETERIZATION	1,930,419	389,773	286,627	462,213	33,056
60.00	06000	LABORATORY	7,270,165	239,704	176,271	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,785,603	7,745	5,695	403,657	28,869
66.00	06600	PHYSICAL THERAPY	2,898,270	133,573	98,226	655,868	46,906
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,894,804	151,077	111,097	306,917	21,950
70.00	07000	ELECTROENCEPHALOGRAPHY	79,606	0	0	18,431	1,318
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,622,241	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,731,400	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,698,289	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	472,977	139,537	102,611	107,269	7,672
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	4,412,226	551,125	405,280	740,358	52,949
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	5,098,965	582,466	428,327	1,070,348	76,549
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,996,974	16,025,346	11,784,535	19,864,314	1,416,177	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,020	47,089	34,628	1,410	101	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	376,716	57,054	41,956	23,707	1,695	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	253,383,710	16,129,489	11,861,119	19,889,431	1,417,973	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	12,288,951					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,703,573				5.03
5.04	00570	ADMITTING	0	547	1,673,359			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	186	0	2,387,824		5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	33,068	0	0	35,147,435	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	26,325	0	0	17,745,966	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	869,220	8.00
9.00	00900	HOUSEKEEPING	0	9,536	0	0	3,392,375	9.00
10.00	01000	DIETARY	0	34,605	0	0	3,242,854	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	648	0	0	2,242,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	176,497	0	0	1,880,446	14.00
15.00	01500	PHARMACY	0	6,884	0	0	7,596,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	94	0	0	573,359	16.00
17.00	01700	SOCIAL SERVICE	0	3	0	0	618,504	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	113	0	0	343,149	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	929,834	47,197	303,835	180,639	32,219,960	30.00
31.00	03100	INTENSIVE CARE UNIT	242,257	18,512	79,114	47,063	10,441,734	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	42,072	1,688	13,739	8,173	1,619,725	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,560,909	819,660	167,942	303,237	17,809,192	50.00
51.00	05100	RECOVERY ROOM	242,648	2,125	26,597	47,139	2,179,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,831	10,068	42,955	26,971	3,210,006	52.00
53.00	05300	ANESTHESIOLOGY	268,797	17,690	29,876	52,219	665,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,119,744	34,324	31,137	217,532	10,105,139	54.00
56.00	05600	RADIOISOTOPE	175,210	27,050	5,737	34,038	842,214	56.00
56.01	03630	ULTRA SOUND	209,229	611	13,036	40,647	1,700,161	56.01
57.00	05700	CT SCAN	735,865	15,631	59,371	142,956	2,451,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,480	6,752	14,990	49,632	1,250,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	725,491	327,788	85,625	140,941	4,381,933	59.00
60.00	06000	LABORATORY	939,670	27,555	141,837	182,549	8,977,751	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	246,244	10,980	68,586	47,838	2,605,217	65.00
66.00	06600	PHYSICAL THERAPY	166,881	1,452	29,479	32,420	4,063,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	230,359	707	23,074	44,752	2,784,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,136	107	713	2,552	115,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	499,166	0	74,719	96,973	23,293,099	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	684,290	0	121,552	132,937	17,670,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,666,595	0	266,666	324,222	14,955,772	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	44,947	875	253	8,732	884,873	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	315,184	15,470	1,943	61,231	6,555,766	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	836,112	28,569	70,583	162,431	8,354,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,288,951	1,703,317	1,673,359	2,387,824	252,789,078	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	93,248	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	256	0	0	501,384	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,288,951	1,703,573	1,673,359	2,387,824	253,383,710	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	35,147,435					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,858,023	20,603,989				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	139,990	68,284	1,077,494			8.00
9.00	00900	HOUSEKEEPING	546,349	608,453	0	4,547,177		9.00
10.00	01000	DIETARY	522,268	569,851	0	130,034	4,465,007	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	361,165	38,656	0	8,821	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	302,850	347,475	0	79,290	0	14.00
15.00	01500	PHARMACY	1,223,388	214,358	0	48,914	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,341	99,347	0	22,670	0	16.00
17.00	01700	SOCIAL SERVICE	99,611	7,168	0	1,636	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	55,265	86,922	0	19,835	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,189,135	5,963,257	887,504	1,360,750	3,677,707	30.00
31.00	03100	INTENSIVE CARE UNIT	1,681,662	1,879,360	149,833	428,849	620,892	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	260,860	182,924	40,157	41,741	166,408	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,868,206	3,229,278	0	736,885	0	50.00
51.00	05100	RECOVERY ROOM	351,037	312,749	0	71,366	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	516,978	418,308	0	95,453	0	52.00
53.00	05300	ANESTHESIOLOGY	107,119	53,098	0	12,116	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,627,453	1,014,230	0	231,436	0	54.00
56.00	05600	RADIOISOTOPE	135,640	92,338	0	21,070	0	56.00
56.01	03630	ULTRA SOUND	273,814	326,926	0	74,601	0	56.01
57.00	05700	CT SCAN	394,749	233,367	0	53,252	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	201,383	128,816	0	29,394	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	705,719	801,678	0	182,934	0	59.00
60.00	06000	LABORATORY	1,445,885	493,017	0	112,501	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	419,575	15,929	0	3,635	0	65.00
66.00	06600	PHYSICAL THERAPY	654,366	274,730	0	62,690	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	448,487	310,731	0	70,905	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,660	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,751,400	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,845,818	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,408,657	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	142,511	286,996	0	65,489	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,055,819	1,133,542	0	258,662	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,345,485	1,198,003	0	273,371	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,051,668	20,389,791	1,077,494	4,498,300	4,465,007	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,018	96,851	0	22,100	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	80,749	117,347	0	26,777	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,147,435	20,603,989	1,077,494	4,547,177	4,465,007	202.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,651,176				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,829	2,630,890			14.00
15.00	01500	PHARMACY	0	0	9,408	9,092,299		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,530	0	0	795,247	16.00
17.00	01700	SOCIAL SERVICE	0	25,484	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,154,886	67,236	96,798	60,167	30.00
31.00	03100	INTENSIVE CARE UNIT	0	317,820	28,730	31,219	15,676	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	48,259	2,496	653	2,722	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	471,872	1,368,178	133,200	101,002	50.00
51.00	05100	RECOVERY ROOM	0	61,385	3,216	3,489	15,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	107,804	15,864	13,533	8,983	52.00
53.00	05300	ANESTHESIOLOGY	0	16,514	29,868	21,004	17,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,513	54,976	309,530	72,455	54.00
56.00	05600	RADIOISOTOPE	0	0	45,939	9,405	11,337	56.00
56.01	03630	ULTRA SOUND	0	0	937	5	13,539	56.01
57.00	05700	CT SCAN	0	0	26,490	19,876	47,616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	11,433	6,773	16,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,612	555,687	20,745	46,944	59.00
60.00	06000	LABORATORY	0	0	46,820	0	60,803	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,897	18,350	15	15,934	65.00
66.00	06600	PHYSICAL THERAPY	0	1,311	1,803	97	10,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,698	734	1,667	14,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	175	0	850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	274,574	32,860	32,300	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	44,278	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,204,839	107,907	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,653	801	0	2,908	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	38,991	22,957	20,887	20,395	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	247,087	44,202	165,704	54,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,651,145	2,630,874	9,092,299	795,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	31	16	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,651,176	2,630,890	9,092,299	795,247	202.00

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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	752,403				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	619,734	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	104,627	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	28,042	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	752,403	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	752,403	0	0	0	0	202.00

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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	505,171				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	286,309	51,583,443	0	51,583,443	30.00
31.00	03100	INTENSIVE CARE UNIT	13,765	15,714,167	0	15,714,167	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	108,743	2,502,730	0	2,502,730	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	26,717,813	0	26,717,813	50.00
51.00	05100	RECOVERY ROOM	0	2,998,591	0	2,998,591	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,386,929	0	4,386,929	52.00
53.00	05300	ANESTHESIOLOGY	0	922,233	0	922,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,518	13,438,250	0	13,438,250	54.00
56.00	05600	RADIOISOTOPE	0	1,157,943	0	1,157,943	56.00
56.01	03630	ULTRA SOUND	0	2,389,983	0	2,389,983	56.01
57.00	05700	CT SCAN	0	3,226,417	0	3,226,417	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,644,753	0	1,644,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,771,252	0	6,771,252	59.00
60.00	06000	LABORATORY	0	11,136,777	0	11,136,777	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,082,552	0	3,082,552	65.00
66.00	06600	PHYSICAL THERAPY	0	5,068,870	0	5,068,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,675,865	0	3,675,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	135,548	0	135,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,384,233	0	27,384,233	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,560,275	0	20,560,275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,677,175	0	25,677,175	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,385,231	0	1,385,231	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	37,165	9,144,184	0	9,144,184	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	42,671	11,724,975	0	11,724,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	505,171	252,430,189	0	252,430,189		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	227,217	0	227,217		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	726,304	0	726,304		194.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	505,171	253,383,710	0	253,383,710		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,935	12,454	29,389	4.00
5.01	00540	NONPATIENT TELEPHONES	0	147,901	108,762	256,663	5.01
5.02	00550	DATA PROCESSING	0	74,686	54,922	129,608	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	134,528	98,928	233,456	5.03
5.04	00570	ADMITTING	0	48,199	35,444	83,643	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	36,762	27,034	63,796	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	1,050,023	772,154	1,822,177	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,602,854	3,384,792	7,987,646	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,200	24,414	57,614	8.00
9.00	00900	HOUSEKEEPING	0	295,828	217,543	513,371	9.00
10.00	01000	DIETARY	0	277,060	203,741	480,801	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,794	13,821	32,615	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	168,941	124,234	293,175	14.00
15.00	01500	PHARMACY	0	104,220	76,640	180,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,302	35,520	83,822	16.00
17.00	01700	SOCIAL SERVICE	0	3,485	2,563	6,048	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	42,261	31,078	73,339	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,899,317	2,132,067	5,031,384	30.00
31.00	03100	INTENSIVE CARE UNIT	0	913,740	671,935	1,585,675	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	88,937	65,401	154,338	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,570,066	1,154,577	2,724,643	50.00
51.00	05100	RECOVERY ROOM	0	152,058	111,818	263,876	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	203,380	149,559	352,939	52.00
53.00	05300	ANESTHESIOLOGY	0	25,816	18,984	44,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	493,116	362,622	855,738	54.00
56.00	05600	RADIOISOTOPE	0	44,894	33,014	77,908	56.00
56.01	03630	ULTRA SOUND	0	158,951	116,887	275,838	56.01
57.00	05700	CT SCAN	0	113,462	83,437	196,899	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	62,630	46,056	108,686	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	389,773	286,627	676,400	59.00
60.00	06000	LABORATORY	0	239,704	176,271	415,975	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	7,745	5,695	13,440	65.00
66.00	06600	PHYSICAL THERAPY	0	133,573	98,226	231,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	151,077	111,097	262,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	139,537	102,611	242,148	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	551,125	405,280	956,405	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	582,466	428,327	1,010,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
Directly Assigned New Capital Related Costs							
0			1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,025,346	11,784,535	27,809,881	29,352
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,089	34,628	81,717	2
194.00	07951	NONREIMBURSABLE COST CENTERS	0	57,054	41,956	99,010	35
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	16,129,489	11,861,119	27,990,608	29,389

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	256,756					5.01
5.02	00550	DATA PROCESSING	83	129,700				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,665	0	235,311			5.03
5.04	00570	ADMITTING	3,814	0	76	87,968		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1	0	26	0	63,823	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	27,423	0	4,568	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,022	0	3,636	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,457	0	1,317	0	0	9.00
10.00	01000	DIETARY	5,867	0	4,780	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,179	0	89	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,781	0	24,379	0	0	14.00
15.00	01500	PHARMACY	11,768	0	951	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	590	0	13	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,486	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	658	0	16	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,191	9,844	6,519	15,937	4,819	30.00
31.00	03100	INTENSIVE CARE UNIT	12,383	2,565	2,557	4,161	1,255	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,376	445	233	723	218	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,073	16,526	113,217	8,833	8,089	50.00
51.00	05100	RECOVERY ROOM	3,854	2,569	294	1,399	1,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,278	1,470	1,391	2,259	719	52.00
53.00	05300	ANESTHESIOLOGY	521	2,846	2,443	1,571	1,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,281	11,855	4,741	1,638	5,803	54.00
56.00	05600	RADIOISOTOPE	1,231	1,855	3,736	302	908	56.00
56.01	03630	ULTRA SOUND	2,817	2,215	84	686	1,084	56.01
57.00	05700	CT SCAN	3,032	7,791	2,159	3,123	3,814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,846	2,705	933	788	1,324	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,985	7,681	45,277	4,504	3,760	59.00
60.00	06000	LABORATORY	0	9,948	3,806	7,460	4,870	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	5,227	2,607	1,517	3,607	1,276	65.00
66.00	06600	PHYSICAL THERAPY	8,493	1,767	201	1,550	865	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,974	2,439	98	1,214	1,194	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	239	139	15	38	68	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,285	0	3,930	2,587	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,245	0	6,393	3,546	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,238	0	14,025	8,774	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,389	476	121	13	233	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,587	3,337	2,137	102	1,633	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	13,860	8,852	3,946	3,712	4,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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To 12/31/2019Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	256,431	129,700	235,276	87,968	63,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	307	0	35	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	256,756	129,700	235,311	87,968	63,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	1,857,297					5.06
6.00	00600	MAINTENANCE & REPAIRS	151,018	8,147,895				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,397	27,003	92,014			8.00
9.00	00900	HOUSEKEEPING	28,869	240,614	0	790,251		9.00
10.00	01000	DIETARY	27,597	225,349	0	22,598	767,661	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	19,084	15,286	0	1,533	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,003	137,410	0	13,780	0	14.00
15.00	01500	PHARMACY	64,644	84,768	0	8,501	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,879	39,287	0	3,940	0	16.00
17.00	01700	SOCIAL SERVICE	5,263	2,835	0	284	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,920	34,373	0	3,447	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	274,298	2,358,185	75,790	236,482	632,302	30.00
31.00	03100	INTENSIVE CARE UNIT	88,859	743,197	12,795	74,529	106,749	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,784	72,338	3,429	7,254	28,610	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	151,556	1,277,025	0	128,063	0	50.00
51.00	05100	RECOVERY ROOM	18,549	123,677	0	12,403	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,317	165,421	0	16,589	0	52.00
53.00	05300	ANESTHESIOLOGY	5,660	20,998	0	2,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,995	401,080	0	40,221	0	54.00
56.00	05600	RADIOISOTOPE	7,167	36,515	0	3,662	0	56.00
56.01	03630	ULTRA SOUND	14,468	129,284	0	12,965	0	56.01
57.00	05700	CT SCAN	20,859	92,285	0	9,255	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,641	50,941	0	5,108	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,290	317,025	0	31,792	0	59.00
60.00	06000	LABORATORY	76,401	194,965	0	19,551	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	22,170	6,299	0	632	0	65.00
66.00	06600	PHYSICAL THERAPY	34,577	108,643	0	10,895	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,698	122,879	0	12,323	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	986	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	198,224	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	150,373	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,274	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,530	113,493	0	11,381	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	55,790	448,262	0	44,953	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	71,096	473,753	0	47,509	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,852,236	8,063,190	92,014	781,756	767,661	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	794	38,300	0	3,841	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,267	46,405	0	4,654	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,857,297	8,147,895	92,014	790,251	767,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	74,377				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	584	487,315			14.00
15.00	01500	PHARMACY	0	0	1,743	354,578		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	211	0	0	132,809	16.00
17.00	01700	SOCIAL SERVICE	0	715	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	32,401	12,454	3,775	10,051	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,916	5,321	1,217	2,619	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,354	462	25	455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,238	253,432	5,194	16,872	50.00
51.00	05100	RECOVERY ROOM	0	1,722	596	136	2,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,024	2,938	528	1,501	52.00
53.00	05300	ANESTHESIOLOGY	0	463	5,532	819	2,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	183	10,183	12,071	12,104	54.00
56.00	05600	RADIOISOTOPE	0	0	8,509	367	1,894	56.00
56.01	03630	ULTRA SOUND	0	0	174	0	2,262	56.01
57.00	05700	CT SCAN	0	0	4,907	775	7,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,118	264	2,762	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,121	102,926	809	7,842	59.00
60.00	06000	LABORATORY	0	0	8,672	0	10,157	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	109	3,399	1	2,662	65.00
66.00	06600	PHYSICAL THERAPY	0	37	334	4	1,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,226	136	65	2,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	32	0	142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	50,857	1,281	5,396	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	319,970	17,986	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	46	148	0	486	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,094	4,252	815	3,407	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	6,932	8,187	6,462	9,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	74,376	487,312	354,578	132,809	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	1	3	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	74,377	487,315	354,578	132,809	202.00

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Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES	PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	16,801					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,839					30.00
31.00	03100	INTENSIVE CARE UNIT	2,336					31.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	626					43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
56.00	05600	RADIOISOTOPE	0					56.00
56.01	03630	ULTRA SOUND	0					56.01
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	BLOOD LABORATORY	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0					62.01
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
76.00	03160	CARDIOPULMONARY	0					76.00
76.97	07697	CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000	CLINIC	0					90.00
90.01	09001	WOMENS HEALTH	0					90.01
90.02	09002	SPINE CENTER	0					90.02
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0					99.10
101.00	10100	HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0					109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,801	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0					194.00
200.00		Cross Foot Adjustments		0	0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	16,801	0	0	0		0 202.00

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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	114,828				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		8,786,253	0	8,786,253	30.00
31.00	03100	INTENSIVE CARE UNIT		2,656,547	0	2,656,547	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		288,055	0	288,055	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,745,736	0	4,745,736	50.00
51.00	05100	RECOVERY ROOM		433,396	0	433,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		583,090	0	583,090	52.00
53.00	05300	ANESTHESIOLOGY		92,116	0	92,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,457,523	0	1,457,523	54.00
56.00	05600	RADIOISOTOPE		144,194	0	144,194	56.00
56.01	03630	ULTRA SOUND		442,198	0	442,198	56.01
57.00	05700	CT SCAN		353,199	0	353,199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		188,327	0	188,327	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,244,095	0	1,244,095	59.00
60.00	06000	LABORATORY		751,805	0	751,805	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		63,542	0	63,542	65.00
66.00	06600	PHYSICAL THERAPY		401,938	0	401,938	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		434,364	0	434,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,686	0	1,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		267,560	0	267,560	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		174,954	0	174,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		505,267	0	505,267	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		377,623	0	377,623	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		1,532,868	0	1,532,868	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPINE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		1,670,055	0	1,670,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,596,391	0	27,596,391	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		124,672	0	124,672	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS		154,717	0	154,717	194.00
200.00		Cross Foot Adjustments	114,828	114,828	0	114,828	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	114,828	27,990,608	0	27,990,608	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	624,781				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		624,781			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	656	656	79,002,755		4.00
5.01	00540	NONPATIENT TELEPHONES	5,729	5,729	248,966	78,753,789	5.01
5.02	00550	DATA PROCESSING	2,893	2,893	25,368	25,368	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,211	5,211	510,840	510,840	5.03
5.04	00570	ADMITTING	1,867	1,867	1,169,933	1,169,933	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,424	1,424	338	338	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	40,673	40,673	8,412,012	8,412,012	5.06
6.00	00600	MAINTENANCE & REPAIRS	178,293	178,293	1,540,474	1,540,474	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	1,286	0	0	8.00
9.00	00900	HOUSEKEEPING	11,459	11,459	1,674,044	1,674,044	9.00
10.00	01000	DIETARY	10,732	10,732	1,799,700	1,799,700	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	728	1,588,725	1,588,725	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	6,544	546,198	546,198	14.00
15.00	01500	PHARMACY	4,037	4,037	3,609,816	3,609,816	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	1,871	181,020	181,020	16.00
17.00	01700	SOCIAL SERVICE	135	135	455,793	455,793	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	1,637	1,637	201,750	201,750	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,306	112,306	18,764,732	18,764,732	30.00
31.00	03100	INTENSIVE CARE UNIT	35,394	35,394	3,798,565	3,798,565	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,445	3,445	1,035,623	1,035,623	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,817	60,817	7,997,803	7,997,803	50.00
51.00	05100	RECOVERY ROOM	5,890	5,890	1,182,067	1,182,067	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	7,878	1,925,778	1,925,778	52.00
53.00	05300	ANESTHESIOLOGY	1,000	1,000	159,856	159,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,101	19,101	4,380,763	4,380,763	54.00
56.00	05600	RADIOISOTOPE	1,739	1,739	377,576	377,576	56.00
56.01	03630	ULTRA SOUND	6,157	6,157	864,023	864,023	56.01
57.00	05700	CT SCAN	4,395	4,395	929,909	929,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	2,426	566,111	566,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,098	15,098	1,835,955	1,835,955	59.00
60.00	06000	LABORATORY	9,285	9,285	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	300	1,603,367	1,603,367	65.00
66.00	06600	PHYSICAL THERAPY	5,174	5,174	2,605,173	2,605,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	5,852	1,219,106	1,219,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	73,211	73,211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	5,405	426,083	426,083	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	21,348	21,348	2,940,777	2,940,777	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	22,562	4,251,531	4,251,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
			NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
			1.00	2.00	4.00	5.01	5.02	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,747	620,747	78,902,986	78,654,020	909,844,699	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,824	1,824	5,602	5,602	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	2,210	2,210	94,167	94,167	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,129,489	11,861,119	19,889,431	1,417,973	12,288,951	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.816228	18.984443	0.251756	0.018005	0.013507	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			29,389	256,756	129,700	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000372	0.003260	0.000143	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCU. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	43,113,254					5.03
5.04	00570	ADMITTING	13,848	379,319,759				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,699	0	909,844,699			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	836,871	0	0	-35,147,435	218,236,275	5.06
6.00	00600	MAINTENANCE & REPAIRS	666,223	0	0	0	17,745,966	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	869,220	8.00
9.00	00900	HOUSEKEEPING	241,343	0	0	0	3,392,375	9.00
10.00	01000	DIETARY	875,777	0	0	0	3,242,854	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,387	0	0	0	2,242,534	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,466,692	0	0	0	1,880,446	14.00
15.00	01500	PHARMACY	174,229	0	0	0	7,596,231	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,367	0	0	0	573,359	16.00
17.00	01700	SOCIAL SERVICE	73	0	0	0	618,504	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,853	0	0	0	343,149	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,194,443	68,840,922	68,840,922	0	32,219,960	30.00
31.00	03100	INTENSIVE CARE UNIT	468,486	17,935,666	17,935,666	0	10,441,734	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	42,709	3,114,800	3,114,800	0	1,619,725	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,743,631	38,073,366	115,562,976	0	17,809,192	50.00
51.00	05100	RECOVERY ROOM	53,781	6,029,758	17,964,612	0	2,179,648	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	254,807	9,738,085	10,278,443	0	3,210,006	52.00
53.00	05300	ANESTHESIOLOGY	447,687	6,773,075	19,900,547	0	665,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	868,653	7,058,926	82,900,978	0	10,105,139	54.00
56.00	05600	RADIOISOTOPE	684,579	1,300,510	12,971,770	0	842,214	56.00
56.01	03630	ULTRA SOUND	15,463	2,955,234	15,490,435	0	1,700,161	56.01
57.00	05700	CT SCAN	395,590	13,459,801	54,480,271	0	2,451,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	170,871	3,398,278	18,914,667	0	1,250,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,295,490	19,411,700	53,712,218	0	4,381,933	59.00
60.00	06000	LABORATORY	697,345	32,155,320	69,569,129	0	8,977,751	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	277,868	15,548,960	18,230,809	0	2,605,217	65.00
66.00	06600	PHYSICAL THERAPY	36,754	6,682,990	12,355,140	0	4,063,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,881	5,230,931	17,054,799	0	2,784,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,703	161,670	972,500	0	115,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,939,353	36,956,064	0	23,293,099	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,556,451	50,661,879	0	17,670,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,454,677	123,411,402	0	14,955,772	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,149	57,317	3,327,649	0	884,873	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	391,513	440,458	23,334,887	0	6,555,766	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	723,020	16,001,511	61,902,136	0	8,354,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,106,785	379,319,759	909,844,699	-35,147,435	217,641,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	93,248	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	6,469	0	0	0	501,384	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,703,573	1,673,359	2,387,824		35,147,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039514	0.004411	0.002624		0.161052	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	235,311	87,968	63,823		1,857,297	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005458	0.000232	0.000070		0.008510	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	388,035				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	38,423			8.00
9.00	00900	HOUSEKEEPING	11,459	0	375,290		9.00
10.00	01000	DIETARY	10,732	0	10,732	38,423	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	0	728	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	0	6,544	0	14.00
15.00	01500	PHARMACY	4,037	0	4,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	0	1,871	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	1,637	0	1,637	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	112,306	31,648	112,306	31,648	30.00
31.00	03100	INTENSIVE CARE UNIT	35,394	5,343	35,394	5,343	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,445	1,432	3,445	1,432	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,817	0	60,817	0	50.00
51.00	05100	RECOVERY ROOM	5,890	0	5,890	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	0	7,878	0	52.00
53.00	05300	ANESTHESIOLOGY	1,000	0	1,000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,101	0	19,101	0	54.00
56.00	05600	RADIOISOTOPE	1,739	0	1,739	0	56.00
56.01	03630	ULTRA SOUND	6,157	0	6,157	0	56.01
57.00	05700	CT SCAN	4,395	0	4,395	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	0	2,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,098	0	15,098	0	59.00
60.00	06000	LABORATORY	9,285	0	9,285	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	0	300	0	65.00
66.00	06600	PHYSICAL THERAPY	5,174	0	5,174	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	0	5,852	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	0	5,405	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	21,348	0	21,348	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	0	22,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			6.00	8.00	9.00	10.00	12.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	384,001	38,423	371,256	38,423	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,824	0	1,824	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	2,210	0	2,210	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,603,989	1,077,494	4,547,177	4,465,007	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	53.098275	28.042943	12.116435	116.206621	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,147,895	92,014	790,251	767,661	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.997835	2.394764	2.105708	19.979205	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE (PATIENT DAYS)	
			(NURS. HOURS)	(MED SUPPLY \$)		(GROSS REVENUES)		
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,193,155					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,374	39,184,581				14.00
15.00	01500	PHARMACY	0	140,124	14,100,167			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,389	0	0	909,844,699		16.00
17.00	01700	SOCIAL SERVICE	11,469	0	0	0	38,423	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	519,753	1,001,420	150,112	68,840,922	31,648	30.00
31.00	03100	INTENSIVE CARE UNIT	143,034	427,899	48,414	17,935,666	5,343	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	21,719	37,177	1,013	3,114,800	1,432	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212,365	20,377,716	206,564	115,562,976	0	50.00
51.00	05100	RECOVERY ROOM	27,626	47,898	5,411	17,964,612	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,517	236,275	20,986	10,278,443	0	52.00
53.00	05300	ANESTHESIOLOGY	7,432	444,862	32,573	19,900,547	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,931	818,807	480,014	82,900,978	0	54.00
56.00	05600	RADIOISOTOPE	0	684,223	14,585	12,971,770	0	56.00
56.01	03630	ULTRA SOUND	0	13,952	8	15,490,435	0	56.01
57.00	05700	CT SCAN	0	394,546	30,824	54,480,271	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	170,278	10,503	18,914,667	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,029	8,276,417	32,171	53,712,218	0	59.00
60.00	06000	LABORATORY	0	697,345	0	69,569,129	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,754	273,303	24	18,230,809	0	65.00
66.00	06600	PHYSICAL THERAPY	590	26,858	151	12,355,140	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,666	10,932	2,585	17,054,799	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,605	0	972,500	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,089,511	50,958	36,956,064	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	50,661,879	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,723,910	123,411,402	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	744	11,929	0	3,327,649	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,548	341,925	32,391	23,334,887	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	111,201	658,340	256,970	61,902,136	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,193,141	39,184,342	14,100,167	909,844,699	38,423
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	14	239	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,651,176	2,630,890	9,092,299	795,247	752,403
203.00		Unit cost multiplier (Wkst. B, Part I)	2.221988	0.067141	0.644836	0.000874	19.582099
204.00		Cost to be allocated (per Wkst. B, Part II)	74,377	487,315	354,578	132,809	16,801
205.00		Unit cost multiplier (Wkst. B, Part II)	0.062336	0.012436	0.025147	0.000146	0.437264
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE					367	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	208	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	10	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	79	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	12	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	27	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	31	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	367	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	505,171	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	1,376.487738	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	114,828	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	312.882834	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,583,443		51,583,443	0
31.00	03100	INTENSIVE CARE UNIT	15,714,167		15,714,167	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	2,502,730		2,502,730	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,717,813		26,717,813	0
51.00	05100	RECOVERY ROOM	2,998,591		2,998,591	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,386,929		4,386,929	0
53.00	05300	ANESTHESIOLOGY	922,233		922,233	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,438,250		13,438,250	0
56.00	05600	RADIOISOTOPE	1,157,943		1,157,943	0
56.01	03630	ULTRA SOUND	2,389,983		2,389,983	0
57.00	05700	CT SCAN	3,226,417		3,226,417	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,644,753		1,644,753	0
59.00	05900	CARDIAC CATHETERIZATION	6,771,252		6,771,252	0
60.00	06000	LABORATORY	11,136,777		11,136,777	0
60.01	06001	BLOOD LABORATORY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0
65.00	06500	RESPIRATORY THERAPY	3,082,552	0	3,082,552	0
66.00	06600	PHYSICAL THERAPY	5,068,870	0	5,068,870	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,675,865		3,675,865	0
70.00	07000	ELECTROENCEPHALOGRAPHY	135,548		135,548	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,384,233		27,384,233	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,560,275		20,560,275	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,677,175		25,677,175	0
76.00	03160	CARDIOPULMONARY	0		0	0
76.97	07697	CARDIAC REHABILITATION	1,385,231		1,385,231	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	9,144,184		9,144,184	0
90.01	09001	WOMENS HEALTH	0		0	0
90.02	09002	SPINE CENTER	0		0	0
91.00	09100	EMERGENCY	11,724,975		11,724,975	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,041,543		10,041,543	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
200.00		Subtotal (see instructions)	262,471,732	0	262,471,732	0
201.00		Less Observation Beds	10,041,543		10,041,543	0
202.00		Total (see instructions)	252,430,189	0	252,430,189	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,840,922		68,840,922			30.00
31.00	03100	INTENSIVE CARE UNIT	17,935,666		17,935,666			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,114,800		3,114,800			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,073,366	77,489,610	115,562,976	0.231197	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,029,758	11,934,854	17,964,612	0.166917	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,738,085	540,358	10,278,443	0.426809	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,773,075	13,127,472	19,900,547	0.046342	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,058,926	75,842,052	82,900,978	0.162100	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,300,510	11,671,260	12,971,770	0.089266	0.000000	56.00
56.01	03630	ULTRA SOUND	2,955,234	12,535,201	15,490,435	0.154288	0.000000	56.01
57.00	05700	CT SCAN	13,459,801	41,020,470	54,480,271	0.059222	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,398,278	15,516,389	18,914,667	0.086956	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,411,700	34,300,518	53,712,218	0.126065	0.000000	59.00
60.00	06000	LABORATORY	32,155,320	37,413,809	69,569,129	0.160082	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	15,548,960	2,681,849	18,230,809	0.169085	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,682,990	5,672,150	12,355,140	0.410264	0.000000	66.00
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	5,230,931	11,823,868	17,054,799	0.215533	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,670	810,830	972,500	0.139381	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,939,353	20,016,711	36,956,064	0.740994	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,556,451	23,105,428	50,661,879	0.405833	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,454,677	62,956,725	123,411,402	0.208062	0.000000	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	57,317	3,270,332	3,327,649	0.416279	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	440,458	22,894,429	23,334,887	0.391868	0.000000	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	16,001,511	45,900,625	61,902,136	0.189411	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,604,944	9,961,093	14,566,037	0.689381	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	383,924,703	540,486,033	924,410,736			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	383,924,703	540,486,033	924,410,736			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231197			50.00
51.00	05100	RECOVERY ROOM	0.166917			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.426809			52.00
53.00	05300	ANESTHESIOLOGY	0.046342			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162100			54.00
56.00	05600	RADIOISOTOPE	0.089266			56.00
56.01	03630	ULTRA SOUND	0.154288			56.01
57.00	05700	CT SCAN	0.059222			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086956			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126065			59.00
60.00	06000	LABORATORY	0.160082			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.169085			65.00
66.00	06600	PHYSICAL THERAPY	0.410264			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.215533			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139381			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.740994			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.405833			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208062			73.00
76.00	03160	CARDIOPULMONARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.416279			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.391868			90.00
90.01	09001	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.189411			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.689381			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XIX		Hospital		Cost	
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	51,583,443		51,583,443	0	51,583,443	30.00
31.00	03100	INTENSIVE CARE UNIT	15,714,167		15,714,167	0	15,714,167	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,502,730		2,502,730	0	2,502,730	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,717,813		26,717,813	0	26,717,813	50.00
51.00	05100	RECOVERY ROOM	2,998,591		2,998,591	0	2,998,591	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,386,929		4,386,929	0	4,386,929	52.00
53.00	05300	ANESTHESIOLOGY	922,233		922,233	0	922,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,438,250		13,438,250	0	13,438,250	54.00
56.00	05600	RADIOISOTOPE	1,157,943		1,157,943	0	1,157,943	56.00
56.01	03630	ULTRA SOUND	2,389,983		2,389,983	0	2,389,983	56.01
57.00	05700	CT SCAN	3,226,417		3,226,417	0	3,226,417	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,644,753		1,644,753	0	1,644,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,771,252		6,771,252	0	6,771,252	59.00
60.00	06000	LABORATORY	11,136,777		11,136,777	0	11,136,777	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	3,082,552	0	3,082,552	0	3,082,552	65.00
66.00	06600	PHYSICAL THERAPY	5,068,870	0	5,068,870	0	5,068,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,675,865		3,675,865	0	3,675,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,548		135,548	0	135,548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,384,233		27,384,233	0	27,384,233	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,560,275		20,560,275	0	20,560,275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,677,175		25,677,175	0	25,677,175	73.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,385,231		1,385,231	0	1,385,231	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	9,144,184		9,144,184	0	9,144,184	90.00
90.01	09001	WOMENS HEALTH	0		0	0	0	90.01
90.02	09002	SPINE CENTER	0		0	0	0	90.02
91.00	09100	EMERGENCY	11,724,975		11,724,975	0	11,724,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,041,543		10,041,543	0	10,041,543	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	262,471,732	0	262,471,732	0	262,471,732	200.00
201.00		Less Observation Beds	10,041,543		10,041,543		10,041,543	201.00
202.00		Total (see instructions)	252,430,189	0	252,430,189	0	252,430,189	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,840,922		68,840,922		30.00
31.00	03100	INTENSIVE CARE UNIT	17,935,666		17,935,666		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,114,800		3,114,800		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,073,366	77,489,610	115,562,976	0.231197	50.00
51.00	05100	RECOVERY ROOM	6,029,758	11,934,854	17,964,612	0.166917	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,738,085	540,358	10,278,443	0.426809	52.00
53.00	05300	ANESTHESIOLOGY	6,773,075	13,127,472	19,900,547	0.046342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,058,926	75,842,052	82,900,978	0.162100	54.00
56.00	05600	RADIOISOTOPE	1,300,510	11,671,260	12,971,770	0.089266	56.00
56.01	03630	ULTRA SOUND	2,955,234	12,535,201	15,490,435	0.154288	56.01
57.00	05700	CT SCAN	13,459,801	41,020,470	54,480,271	0.059222	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,398,278	15,516,389	18,914,667	0.086956	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,411,700	34,300,518	53,712,218	0.126065	59.00
60.00	06000	LABORATORY	32,155,320	37,413,809	69,569,129	0.160082	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	15,548,960	2,681,849	18,230,809	0.169085	65.00
66.00	06600	PHYSICAL THERAPY	6,682,990	5,672,150	12,355,140	0.410264	66.00
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	5,230,931	11,823,868	17,054,799	0.215533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,670	810,830	972,500	0.139381	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,939,353	20,016,711	36,956,064	0.740994	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,556,451	23,105,428	50,661,879	0.405833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,454,677	62,956,725	123,411,402	0.208062	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	57,317	3,270,332	3,327,649	0.416279	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	440,458	22,894,429	23,334,887	0.391868	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	16,001,511	45,900,625	61,902,136	0.189411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,604,944	9,961,093	14,566,037	0.689381	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	383,924,703	540,486,033	924,410,736		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	383,924,703	540,486,033	924,410,736		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03160	CARDIOPULMONARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,786,253	0	8,786,253	39,298	223.58	30.00
31.00	INTENSIVE CARE UNIT	2,656,547		2,656,547	5,343	497.20	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	288,055		288,055	1,432	201.16	43.00
200.00	Total (lines 30 through 199)	11,730,855		11,730,855	46,073		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	15,649	3,498,803				30.00
31.00	INTENSIVE CARE UNIT	2,821	1,402,601				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	18,470	4,901,404				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/29/2020 2:21 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,745,736	115,562,976	0.041066	16,643,578	683,485	50.00
51.00	05100	RECOVERY ROOM	433,396	17,964,612	0.024125	2,679,630	64,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	583,090	10,278,443	0.056729	0	0	52.00
53.00	05300	ANESTHESIOLOGY	92,116	19,900,547	0.004629	2,787,726	12,904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,457,523	82,900,978	0.017581	4,081,946	71,765	54.00
56.00	05600	RADIOISOTOPE	144,194	12,971,770	0.011116	783,466	8,709	56.00
56.01	03630	ULTRA SOUND	442,198	15,490,435	0.028547	1,599,087	45,649	56.01
57.00	05700	CT SCAN	353,199	54,480,271	0.006483	7,434,896	48,200	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	188,327	18,914,667	0.009957	1,811,805	18,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,244,095	53,712,218	0.023162	9,601,957	222,401	59.00
60.00	06000	LABORATORY	751,805	69,569,129	0.010807	14,813,611	160,091	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	63,542	18,230,809	0.003485	8,959,156	31,223	65.00
66.00	06600	PHYSICAL THERAPY	401,938	12,355,140	0.032532	4,304,787	140,043	66.00
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	434,364	17,054,799	0.025469	3,023,137	76,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,686	972,500	0.001734	85,590	148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	267,560	36,956,064	0.007240	7,977,535	57,757	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	174,954	50,661,879	0.003453	13,142,029	45,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	505,267	123,411,402	0.004094	29,115,618	119,199	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	377,623	3,327,649	0.113480	22,010	2,498	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,532,868	23,334,887	0.065690	82,848	5,442	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,670,055	61,902,136	0.026979	8,783,726	236,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,710,386	14,566,037	0.117423	2,512,804	295,061	92.00
200.00		Total (lines 50 through 199)	17,575,922	834,519,348		140,246,942	2,346,612	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/29/2020 2:21 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	286,309	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	13,765	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	108,743	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	408,817	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	286,309	39,298	7.29	15,649	30.00		
31.00	03100	INTENSIVE CARE UNIT		13,765	5,343	2.58	2,821	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		108,743	1,432	75.94	0	43.00		
200.00		Total (lines 30 through 199)		408,817	46,073		18,470	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	114,081							
31.00	03100	INTENSIVE CARE UNIT	7,278							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	0							
42.00	04200	SUBPROVIDER	0							
43.00	04300	NURSERY	0							
200.00		Total (lines 30 through 199)	121,359							

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,518	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	37,165	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	42,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	55,731	92.00
200.00		Total (lines 50 through 199)	0	0	0	152,085	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	115,562,976	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	17,964,612	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,278,443	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,900,547	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,518	16,518	82,900,978	0.000199 54.00
56.00	05600	RADIOISOTOPE	0	0	0	12,971,770	0.000000 56.00
56.01	03630	ULTRA SOUND	0	0	0	15,490,435	0.000000 56.01
57.00	05700	CT SCAN	0	0	0	54,480,271	0.000000 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,914,667	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,712,218	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	69,569,129	0.000000 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0.000000 62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,230,809	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,355,140	0.000000 66.00
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	17,054,799	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	972,500	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,956,064	0.000000 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	50,661,879	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,411,402	0.000000 73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,327,649	0.000000 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000 89.00
90.00	09000	CLINIC	0	37,165	37,165	23,334,887	0.001593 90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0.000000 90.01
90.02	09002	SPINE CENTER	0	0	0	0	0.000000 90.02
91.00	09100	EMERGENCY	0	42,671	42,671	61,902,136	0.000689 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	55,731	55,731	14,566,037	0.003826 92.00
200.00		Total (lines 50 through 199)	0	152,085	152,085	834,519,348	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/29/2020 2:21 pm

				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	16,643,578	0	22,162,292	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,679,630	0	2,766,074	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,787,726	0	3,565,808	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000199	4,081,946	812	26,228,051	5,219	54.00	
56.00	05600	RADIOISOTOPE	0.000000	783,466	0	5,250,698	0	56.00	
56.01	03630	ULTRA SOUND	0.000000	1,599,087	0	3,179,975	0	56.01	
57.00	05700	CT SCAN	0.000000	7,434,896	0	14,276,453	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,811,805	0	4,366,193	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,601,957	0	16,364,388	0	59.00	
60.00	06000	LABORATORY	0.000000	14,813,611	0	9,397,125	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,959,156	0	1,067,504	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	4,304,787	0	269,018	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,023,137	0	3,990,817	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	85,590	0	197,987	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,977,535	0	6,704,404	0	71.00	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	13,142,029	0	9,316,783	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	29,115,618	0	23,931,035	0	73.00	
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	22,010	0	1,749,676	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.001593	82,848	132	5,444,329	8,673	90.00	
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01	
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000689	8,783,726	6,052	10,154,464	6,996	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.003826	2,512,804	9,614	3,526,380	13,492	92.00	
200.00	Total (lines 50 through 199)			140,246,942	16,610	173,909,454	34,380	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/29/2020 2:21 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.231197	22,162,292	0	0	5,123,855	50.00
51.00	05100	RECOVERY ROOM		0.166917	2,766,074	0	0	461,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.426809	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.046342	3,565,808	0	0	165,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.162100	26,228,051	0	0	4,251,567	54.00
56.00	05600	RADIOISOTOPE		0.089266	5,250,698	0	0	468,709	56.00
56.01	03630	ULTRA SOUND		0.154288	3,179,975	0	0	490,632	56.01
57.00	05700	CT SCAN		0.059222	14,276,453	0	0	845,480	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.086956	4,366,193	0	0	379,667	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.126065	16,364,388	0	0	2,062,977	59.00
60.00	06000	LABORATORY		0.160082	9,397,125	0	0	1,504,311	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		0.169085	1,067,504	0	0	180,499	65.00
66.00	06600	PHYSICAL THERAPY		0.410264	269,018	0	0	110,368	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.215533	3,990,817	0	0	860,153	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.139381	197,987	0	0	27,596	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.740994	6,704,404	0	0	4,967,923	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.405833	9,316,783	0	0	3,781,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.208062	23,931,035	0	84,099	4,979,139	73.00
76.00	03160	CARDIOPULMONARY		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.416279	1,749,676	0	0	728,353	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.391868	5,444,329	0	0	2,133,458	90.00
90.01	09001	WOMENS HEALTH		0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.189411	10,154,464	0	0	1,923,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.689381	3,526,380	0	0	2,431,019	92.00
200.00		Subtotal (see instructions)			173,909,454	0	84,099	37,877,083	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			173,909,454	0	84,099	37,877,083	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/29/2020 2:21 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,498					73.00
76.00	03160	CARDIOPULMONARY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	17,498					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	17,498					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/29/2020 2:21 pm

			Title XIX		Hospital		Cost	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.231197	0	0	287,402	0	50.00
51.00	05100	RECOVERY ROOM	0.166917	0	0	42,719	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.426809	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046342	0	0	52,506	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162100	0	0	440,636	0	54.00
56.00	05600	RADIOISOTOPE	0.089266	0	0	89,501	0	56.00
56.01	03630	ULTRA SOUND	0.154288	0	0	214,131	0	56.01
57.00	05700	CT SCAN	0.059222	0	0	377,556	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086956	0	0	105,201	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126065	0	0	93,081	0	59.00
60.00	06000	LABORATORY	0.160082	0	0	527,790	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.169085	0	0	27,528	0	65.00
66.00	06600	PHYSICAL THERAPY	0.410264	0	0	308,188	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215533	0	0	111,323	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139381	0	0	10,975	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.740994	0	0	53,275	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.405833	0	0	67,726	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208062	0	0	861,900	0	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416279	0	0	854	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.391868	0	0	353,049	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.189411	0	0	1,037,570	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.689381	0	0	142,749	0	92.00
200.00		Subtotal (see instructions)		0	0	5,205,660	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	5,205,660	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/29/2020 2:21 pm	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	66,446					50.00
51.00	05100	RECOVERY ROOM	0	7,131					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	2,433					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,427					54.00
56.00	05600	RADIOISOTOPE	0	7,989					56.00
56.01	03630	ULTRA SOUND	0	33,038					56.01
57.00	05700	CT SCAN	0	22,360					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,148					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,734					59.00
60.00	06000	LABORATORY	0	84,490					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	4,655					65.00
66.00	06600	PHYSICAL THERAPY	0	126,438					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,994					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,530					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,476					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,485					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,329					73.00
76.00	03160	CARDIOPULMONARY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	356					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	138,349					90.00
90.01	09001	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	196,527					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	98,408					92.00
200.00		Subtotal (see instructions)	0	1,152,743					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	1,152,743					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/29/2020 2:21 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,298	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,298	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)		31,648	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		15,649	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)		51,583,443	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)		51,583,443	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)		51,583,443	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)		1,312.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,541,190	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)		20,541,190	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
7/29/2020 2:21 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,714,167	5,343	2,941.08	2,821	8,296,787
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,267,212
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,105,189
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,022,763
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,363,222
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,385,985
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,719,204
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					7,650
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,312.62
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,041,543

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
7/29/2020 2:21 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	8,786,253	51,583,443	0.170331	10,041,543	1,710,386
91.00	Nursing School cost	0	51,583,443	0.000000	10,041,543	0
92.00	Allied health cost	286,309	51,583,443	0.005550	10,041,543	55,731
93.00	All other Medical Education	0	51,583,443	0.000000	10,041,543	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/29/2020 2:21 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			39,298 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			39,298 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)			31,648 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			733 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,432 15.00
16.00	Nursery days (title V or XIX only)			102 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)			51,583,443 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)			51,583,443 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)			51,583,443 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)			1,312.62 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			962,150 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)			962,150 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	
Cost Center Description			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		2,502,730	1,432	1,747.72	102	178,267	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		15,714,167	5,343	2,941.08	145	426,457	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						621,899	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,188,773	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						7,650	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,312.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						10,041.543	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,786,253	51,583,443	0.170331	10,041,543	1,710,386	90.00
91.00	Nursing School cost	0	51,583,443	0.000000	10,041,543	0	91.00
92.00	Allied health cost	0	51,583,443	0.000000	10,041,543	0	92.00
93.00	All other Medical Education	0	51,583,443	0.000000	10,041,543	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/29/2020 2:21 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		31,147,451	30.00
31.00	03100	INTENSIVE CARE UNIT		8,691,545	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231197	16,643,578	50.00
51.00	05100	RECOVERY ROOM	0.166917	2,679,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.426809	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046342	2,787,726	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162100	4,081,946	54.00
56.00	05600	RADIOISOTOPE	0.089266	783,466	56.00
56.01	03630	ULTRA SOUND	0.154288	1,599,087	56.01
57.00	05700	CT SCAN	0.059222	7,434,896	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086956	1,811,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126065	9,601,957	59.00
60.00	06000	LABORATORY	0.160082	14,813,611	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.169085	8,959,156	65.00
66.00	06600	PHYSICAL THERAPY	0.410264	4,304,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215533	3,023,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139381	85,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.740994	7,977,535	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.405833	13,142,029	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208062	29,115,618	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416279	22,010	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.391868	82,848	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.189411	8,783,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.689381	2,512,804	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		140,246,942	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)		140,246,942	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/29/2020 2:21 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		988,638	30.00
31.00	03100	INTENSIVE CARE UNIT		439,663	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		264,500	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231197	228,959	50.00
51.00	05100	RECOVERY ROOM	0.166917	31,405	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.426809	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046342	49,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162100	78,749	54.00
56.00	05600	RADIOISOTOPE	0.089266	18,462	56.00
56.01	03630	ULTRA SOUND	0.154288	50,564	56.01
57.00	05700	CT SCAN	0.059222	218,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.086956	24,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126065	107,615	59.00
60.00	06000	LABORATORY	0.160082	508,799	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.169085	164,931	65.00
66.00	06600	PHYSICAL THERAPY	0.410264	54,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.215533	55,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139381	1,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.740994	124,230	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.405833	44,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208062	925,676	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416279	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.391868	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.189411	197,983	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.689381	38,753	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,924,233	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,924,233	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
7/29/2020 2:21 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			33,914,439	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			11,429,040	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			499,615	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			168,368	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			155.04	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)			1.42	30.00
31.00	Percentage of Medicaid patient days (see instructions)			6.74	31.00
32.00	Sum of lines 30 and 31			8.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/29/2020 2:21 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855
35.01	Factor 3 (see instructions)		0.000070382	0.000071400
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0	0
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	0
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	0.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	0.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	0
47.00	Subtotal (see instructions)		46,011,462	46,011,462
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))		0	0
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		46,011,462	46,011,462
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,895,484	3,895,484
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	0
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	0
53.00	Nursing and Allied Health Managed Care payment		97,858	97,858
54.00	Special add-on payments for new technologies		0	0
54.01	Islet isolation add-on payment		0	0
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	0
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		121,359	121,359
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		16,610	16,610
59.00	Total (sum of amounts on lines 49 through 58)		50,142,773	50,142,773
60.00	Primary payer payments		19,079	19,079
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,123,694	50,123,694
62.00	Deductibles billed to program beneficiaries		4,434,888	4,434,888
63.00	Coinurance billed to program beneficiaries		59,639	59,639
64.00	Allowable bad debts (see instructions)		373,051	373,051
65.00	Adjusted reimbursable bad debts (see instructions)		242,483	242,483
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		165,907	165,907
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,871,650	45,871,650
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	0
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	0
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	0
70.87	Demonstration payment adjustment amount before sequestration		0	0
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	0
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	0
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	0
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	0
70.92	Bundled Model 1 discount amount (see instructions)		0	0
70.93	HVBP payment adjustment amount (see instructions)		107,231	107,231
70.94	HRR adjustment amount (see instructions)		-27,099	-27,099
70.95	Recovery of accelerated depreciation		0	0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/29/2020 2:21 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,951,782	71.00	
71.01	Sequestration adjustment (see instructions)		919,036	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		44,552,950	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		479,796	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		354,265	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/29/2020 2:21 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,498	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		37,842,703	2.00
3.00	OPPS payments		35,556,943	3.00
4.00	Outlier payment (see instructions)		65,004	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.780	5.00
6.00	Line 2 times line 5		29,517,308	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		34,380	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,498	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		84,099	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)		84,099	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)		84,099	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,601	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)		17,498	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)		35,656,327	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,337,474	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		29,336,351	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)		29,336,351	30.00
31.00	Primary payer payments		938	31.00
32.00	Subtotal (line 30 minus line 31)		29,335,413	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)		460,772	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		299,502	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		241,817	36.00
37.00	Subtotal (see instructions)		29,634,915	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)		29,634,915	40.00
40.01	Sequestration adjustment (see instructions)		592,698	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		28,701,427	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		340,790	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/29/2020 2:21 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,552,950		28,701,427	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,552,950		28,701,427	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		479,796		340,790	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,032,746		29,042,217	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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/29/2020 2:21 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0291

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

Worksheet G

Date/Time Prepared:
7/29/2020 2:21 pm

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:
7/29/2020 2:21 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		11,639,684,229		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		58,979,771				2.00
3.00	Total (sum of line 1 and line 2)		11,698,664,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		11,698,664,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		11,698,664,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0291

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/29/2020 2:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	68,981,462		68,981,462	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	68,981,462		68,981,462	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,981,646		17,981,646	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,981,646		17,981,646	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,963,108		86,963,108	17.00
18.00	Ancillary services	273,251,615	462,227,332	735,478,947	18.00
19.00	Outpatient services	21,046,913	78,756,147	99,803,060	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	3,114,800	0	3,114,800	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	384,376,436	540,983,479	925,359,915	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		273,526,275		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)		273,526,275		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:
7/29/2020 2:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	925,359,915	1.00
2.00	Less contractual allowances and discounts on patients' accounts	595,142,271	2.00
3.00	Net patient revenues (line 1 minus line 2)	330,217,644	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	273,526,275	4.00
5.00	Net income from service to patients (line 3 minus line 4)	56,691,369	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,039,311	24.00
25.00	Total other income (sum of lines 6-24)	2,039,311	25.00
26.00	Total (line 5 plus line 25)	58,730,680	26.00
27.00	NET NON OPERATING EXPENSE	-249,091	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-249,091	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,979,771	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/29/2020 2:21 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,670,526	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		164,027	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)		102.26	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)		1.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		6.74	8.00
9.00	Sum of lines 7 and 8		8.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.66	10.00
11.00	Disproportionate share adjustment (see instructions)		60,931	11.00
12.00	Total prospective capital payments (see instructions)		3,895,484	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