

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: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/23/2020 9:02 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/23/2020	Time: 9:02 am
	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 FRANCISCAN HEALTH- DYER (15-0090) 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)

Officer or Administrator of Provider(s)

Title

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	-74,540	-13,102	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	42,463	51		-1	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
200.00	Total	0	-32,077	-13,051	0	-1	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: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 9:02 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 24 JOLIET STREET			PO Box:				1.00	
2.00	City: DYER			State: IN		Zip Code: 46311-1799		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			FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF			FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N
								P	T
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			72	8	950	134	1,505	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/23/2020 9:02 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	30	11	0	65	538		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.					Y	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.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/23/2020 9:02 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
7/23/2020 9:02 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.50	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					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.					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)					76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 9:02 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 9:02 am
		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.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	704,059	157,278	0118.01
		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	5.04	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	158014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/23/2020 9:02 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: FRANCISCAN ALLIANCE, INC		Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00		
142.00	Street: 1515 DRAGON TRAIL		PO Box: -				142.00		
143.00	City: MISHAWAKA		State: IN		Zip Code: 46546		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		155.00
156.00	Subprovider - IPF			N	N	N	N		156.00
157.00	Subprovider - IRF			N	N	N	N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF			N	N	N	N		159.00
160.00	HOME HEALTH AGENCY			N	N	N	N		160.00
161.00	CMHC				N	N	N		161.00
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/23/2020 9:02 am

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	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)	N		3.00
		Y/N	Type	Date
		1.00	2.00	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	04/21/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	03/16/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/23/2020 9:02 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		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.				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.		Y		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.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MATTHEW	DEETS		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 407-6567	MATTHEW.DEETS@FRANCISCANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/23/2020 9:02 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						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)		126	45,990	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156			0	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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,389	1,164	17,764			1.00
2.00	HMO and other (see instructions)	3,874	1,342				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	917	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)	8,389	1,164	17,764			7.00
8.00	INTENSIVE CARE UNIT	1,162	163	2,989			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	9,551	1,327	20,753	7.06	832.61	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	4,937	644	7,508	0.00	20.52	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				7.06	853.13	27.00
28.00	Observation Bed Days		929	5,216			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	0	0			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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,009	575	4,451	1.00
2.00 HMO and other (see instructions)			620	313		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,009	575	4,451	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	440	57	642	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 9:02 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,921,895	0	67,921,895	2,023,846.00	33.56
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)		1,010,717	0	1,010,717	20,716.00	48.79
8.00	Home office and/or related organization personnel		9,562,120	0	9,562,120	249,338.00	38.35
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,577,476	329	10,577,805	257,323.00	41.11
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,732,734	0	1,732,734	25,422.00	68.16
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		257,110	0	257,110	1,987.00	129.40
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		8,271,313	0	8,271,313	215,666.00	38.35
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)		17,556,380	0	17,556,380		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,912,909	0	2,912,909		
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)		3,077,167	0	3,077,167		
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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/23/2020 9:02 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	924,323	0	924,323	31,209.00	29.62	26.00
27.00	Administrative & General	5.00	13,835,578	-43,132	13,792,446	373,017.00	36.98	27.00
28.00	Administrative & General under contract (see inst.)		472,282	0	472,282	3,921.00	120.45	28.00
29.00	Maintenance & Repairs	6.00	458,641	0	458,641	13,400.00	34.23	29.00
30.00	Operation of Plant	7.00	1,207,932	0	1,207,932	68,488.00	17.64	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,256,433	0	1,256,433	92,232.00	13.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	912,540	-532,234	380,306	23,527.00	16.16	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	532,234	532,234	32,926.00	16.16	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,884,109	0	1,884,109	44,351.00	42.48	38.00
39.00	Central Services and Supply	14.00	365,882	0	365,882	18,078.00	20.24	39.00
40.00	Pharmacy	15.00	1,811,913	0	1,811,913	42,689.00	42.44	40.00
41.00	Medical Records & Medical Records Library	16.00	205,614	0	205,614	6,737.00	30.52	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/23/2020 9:02 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	57,821,340	0	57,821,340	1,757,713.00	32.90	1.00
2.00	Excluded area salaries (see instructions)	10,577,476	329	10,577,805	257,323.00	41.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,243,864	-329	47,243,535	1,500,390.00	31.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,261,157	0	10,261,157	243,075.00	42.21	4.00
5.00	Subtotal wage-related costs (see inst.)	20,633,547	0	20,633,547	0.00	43.67	5.00
6.00	Total (sum of lines 3 thru 5)	78,138,568	-329	78,138,239	1,743,465.00	44.82	6.00
7.00	Total overhead cost (see instructions)	23,335,247	-43,132	23,292,115	750,575.00	31.03	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/23/2020 9:02 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,337,500	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	5,511,183	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)	8,147,236	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	104,482	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)	154,419	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,200,574	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	4,006,070	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	7,825	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,469,289	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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/23/2020 9:02 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0090

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

Worksheet S-10

Date/Time Prepared:
7/23/2020 9:02 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.246960	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		15,498,938	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?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		90,656,961	6.00
7.00	Medicaid cost (line 1 times line 6)		22,388,643	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)		6,889,705	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)		6,889,705	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	13,592,860	6,154,436	19,747,296
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,356,893	6,154,436	9,511,329
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)	3,356,893	6,154,436	9,511,329
				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)		10,345,839	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		419,489	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		645,367	27.01
28.00	Non-Medicare bad debt expense (see instructions)		9,700,472	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,621,507	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,132,836	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,022,541	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,334,145	10,334,145	-4,675,893	5,658,252	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,185,420	4,185,420	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	924,323	17,982,460	18,906,783	0	18,906,783	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	13,835,578	7,984,225	21,819,803	-3,985,771	17,834,032	5.04
6.00	00600	MAINTENANCE & REPAIRS	458,641	3,350,760	3,809,401	0	3,809,401	6.00
7.00	00700	OPERATION OF PLANT	1,207,932	4,956,199	6,164,131	0	6,164,131	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	355,582	355,582	0	355,582	8.00
9.00	00900	HOUSEKEEPING	1,256,433	350,959	1,607,392	0	1,607,392	9.00
10.00	01000	DIETARY	912,540	629,677	1,542,217	-899,489	642,728	10.00
11.00	01100	CAFETERIA	0	0	0	899,489	899,489	11.00
13.00	01300	NURSING ADMINISTRATION	1,884,109	329,820	2,213,929	-801	2,213,128	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	365,882	396,834	762,716	-228,849	533,867	14.00
15.00	01500	PHARMACY	1,811,913	5,824,056	7,635,969	-4,439,656	3,196,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205,614	48,693	254,307	-18	254,289	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,117,973	1,117,973	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,979,806	2,125,949	12,105,755	-659,534	11,446,221	30.00
31.00	03100	INTENSIVE CARE UNIT	2,092,028	875,376	2,967,404	-317,342	2,650,062	31.00
32.00	03200	CORONARY CARE UNIT	0	20,547	20,547	0	20,547	32.00
41.00	04100	SUBPROVIDER - IRF	2,731,556	6,188,002	8,919,558	-135,094	8,784,464	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,635,595	10,260,546	11,896,141	-9,795,124	2,101,017	50.00
50.01	05001	OUTPATIENT SURGERY	1,478,118	1,015,181	2,493,299	-581,411	1,911,888	50.01
51.00	05100	RECOVERY ROOM	436,062	101,947	538,009	-86,606	451,403	51.00
53.00	05300	ANESTHESIOLOGY	56,147	2,944,364	3,000,511	-299,382	2,701,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,377,601	470,634	1,848,235	-115,045	1,733,190	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	310,102	344,136	654,238	-270,185	384,053	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,220	-32,536	-25,316	-21	-25,337	55.00
56.00	05600	RADIOISOTOPE	334,342	315,022	649,364	-281,548	367,816	56.00
60.00	06000	LABORATORY	0	5,864,421	5,864,421	-30	5,864,391	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	424,765	424,765	-400,905	23,860	63.00
65.00	06500	RESPIRATORY THERAPY	859,009	1,484,826	2,343,835	-169,092	2,174,743	65.00
66.00	06600	PHYSICAL THERAPY	3,221,919	6,113,351	9,335,270	-21,377	9,313,893	66.00
67.00	06700	OCCUPATIONAL THERAPY	460,238	13,703	473,941	-4,026	469,915	67.00
68.00	06800	SPEECH PATHOLOGY	303,228	74,085	377,313	-57,637	319,676	68.00
69.00	06900	ELECTROCARDIOLOGY	777,250	114,597	891,847	-8,438	883,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,598	17,089	146,687	-4,548	142,139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,517,123	7,517,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,262,938	12,262,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,904,073	4,904,073	73.00
76.00	03630	ULTRA SOUND	402,454	93,815	496,269	-21,004	475,265	76.00
76.01	03951	PAIN CLINIC	701,135	135,666	836,801	-125,970	710,831	76.01
76.02	03952	CATH LAB	1,226,260	6,083,429	7,309,689	-5,921,042	1,388,647	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,165,709	78,537	2,244,246	-212	2,244,034	76.03
76.04	03954	WOUND CARE CENTER	300,611	171,817	472,428	-164,171	308,257	76.04
76.05	03340	BARIATRIC CLINIC	443,288	130,204	573,492	-3,255	570,237	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	105,064	0	105,064	0	105,064	76.07
76.08	03955	ANTICOAGULATION CLINIC	484,275	44,528	528,803	-28,849	499,954	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,194,395	750,480	5,944,875	-607,415	5,337,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		66,648	66,648	3,422,395	3,489,043	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,075,975	98,834,539	158,910,514	-329	158,910,185	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,714	35,785	67,499	0	67,499	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,579,588	885,555	6,465,143	329	6,465,472	192.00
192.01	19201	WORKING WELL	0	11	11	0	11	192.01
194.00	07950	RESIDENTIAL	2,228,650	317,065	2,545,715	0	2,545,715	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	5,968	808	6,776	0	6,776	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	67,921,895	100,073,763	167,995,658	0	167,995,658	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-698,699	4,959,553	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,185,420	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,007,183	21,913,966	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	11,973,926	29,807,958	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,809,401	6.00
7.00	00700	OPERATION OF PLANT	0	6,164,131	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	355,582	8.00
9.00	00900	HOUSEKEEPING	0	1,607,392	9.00
10.00	01000	DIETARY	-19,892	622,836	10.00
11.00	01100	CAFETERIA	-457,735	441,754	11.00
13.00	01300	NURSING ADMINISTRATION	-34,009	2,179,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-188,351	345,516	14.00
15.00	01500	PHARMACY	-705,532	2,490,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	793,903	1,048,192	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-250,956	867,017	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-211,028	11,235,193	30.00
31.00	03100	INTENSIVE CARE UNIT	-22,914	2,627,148	31.00
32.00	03200	CORONARY CARE UNIT	0	20,547	32.00
41.00	04100	SUBPROVIDER - IRF	-4,534,395	4,250,069	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-575,376	1,525,641	50.00
50.01	05001	OUTPATIENT SURGERY	-230,516	1,681,372	50.01
51.00	05100	RECOVERY ROOM	-5,842	445,561	51.00
53.00	05300	ANESTHESIOLOGY	-6,318	2,694,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-151,450	1,581,740	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-52,064	331,989	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	-25,337	55.00
56.00	05600	RADIOISOTOPE	-2,733	365,083	56.00
60.00	06000	LABORATORY	-815,712	5,048,679	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-23,191	669	63.00
65.00	06500	RESPIRATORY THERAPY	-654,092	1,520,651	65.00
66.00	06600	PHYSICAL THERAPY	-1,136,347	8,177,546	66.00
67.00	06700	OCCUPATIONAL THERAPY	-2,762	467,153	67.00
68.00	06800	SPEECH PATHOLOGY	0	319,676	68.00
69.00	06900	ELECTROCARDIOLOGY	-35,075	848,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,365	134,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,517,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,262,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,904,073	73.00
76.00	03630	ULTRA SOUND	-45,678	429,587	76.00
76.01	03951	PAIN CLINIC	0	710,831	76.01
76.02	03952	CATH LAB	731	1,389,378	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	2,244,034	76.03
76.04	03954	WOUND CARE CENTER	-1,227	307,030	76.04
76.05	03340	BARIATRIC CLINIC	-50,332	519,905	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	105,064	76.07
76.08	03955	ANTICOAGULATION CLINIC	-1,322	498,632	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-81,937	5,255,523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,489,043	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,283,850	160,194,035	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,499	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,465,472	192.00
192.01	19201	WORKING WELL	0	11	192.01
194.00	07950	RESIDENTIAL	0	2,545,715	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	6,776	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	1,283,850	169,279,508	200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
7/23/2020 9:02 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,185,420		1.00
	TOTALS		0	4,185,420		
	B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	485,893		1.00
2.00	INTEREST EXPENSE	113.00	0	3,908,289		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1		3.00
	TOTALS		0	4,394,183		
	C - CAFETERIA					
1.00	CAFETERIA	11.00	532,234	367,255		1.00
	TOTALS		532,234	367,255		
	D - INSURANCE EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	976,367		1.00
	TOTALS		0	976,367		
	E - PATIENT TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	11,357	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	63,366	0		2.00
3.00	RADIOISOTOPE	56.00	19,258	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	4,442	0		4.00
5.00	ULTRA SOUND	76.00	7,900	0		5.00
6.00	CATH LAB	76.02	4,195	0		6.00
7.00	EMERGENCY	91.00	7,052	0		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	329	0		8.00
	TOTALS		117,899	0		
	F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,780,061		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	19,780,061		
	G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,904,073		1.00
2.00	CATH LAB	76.02	0	70		2.00
3.00	ANTICOAGULATION CLINIC	76.08	0	158		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

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
7/23/2020 9:02 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	4,904,301	
H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	43,132	1,074,841	1.00
2.00	COSTS APPRV	0.00	0	0	2.00
	TOTALS		43,132	1,074,841	
J - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	12,262,938	1.00
	PATIENTS				
	TOTALS		0	12,262,938	
K - OTHER CAPITAL					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
500.00	Grand Total: Increases		693,265	47,945,366	500.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
7/23/2020 9:02 am

	Decreases						17/23/2020 9:02 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,185,420	9		1.00
	TOTALS		0	4,185,420			
	B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	485,893	11		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,908,289	0		2.00
3.00	INTEREST EXPENSE	113.00	0	1	11		3.00
	TOTALS		0	4,394,183			
	C - CAFETERIA						
1.00	DIETARY	10.00	532,234	367,255	0		1.00
	TOTALS		532,234	367,255			
	D - INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	976,367	9		1.00
	TOTALS		0	976,367			
	E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	117,899	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
	TOTALS		117,899	0			
	F - CHARGEABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	801	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	227,353	0		2.00
3.00	PHARMACY	15.00	0	14,777	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	18	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	664,051	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	257,245	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	133,428	0		7.00
8.00	OPERATING ROOM	50.00	0	9,795,049	0		8.00
9.00	OUTPATIENT SURGERY	50.01	0	580,717	0		9.00
10.00	RECOVERY ROOM	51.00	0	86,499	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	230,441	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	173,244	0		12.00
13.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	269,762	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	21	0		14.00
15.00	RADIOISOTOPE	56.00	0	5,112	0		15.00
16.00	LABORATORY	60.00	0	30	0		16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	400,905	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	168,894	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	15,310	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	4,026	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	57,637	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	11,567	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,548	0		23.00
24.00	ULTRA SOUND	76.00	0	25,502	0		24.00
25.00	PAIN CLINIC	76.01	0	125,808	0		25.00
26.00	CATH LAB	76.02	0	5,925,307	0		26.00
27.00	ACTIVITY THERAPEUTIC	76.03	0	169	0		27.00
28.00	WOUND CARE CENTER	76.04	0	142,988	0		28.00
29.00	BARIATRIC CLINIC	76.05	0	3,161	0		29.00
30.00	ANTICOAGULATION CLINIC	76.08	0	29,007	0		30.00
31.00	EMERGENCY	91.00	0	426,684	0		31.00
	TOTALS		0	19,780,061			
	G - DRUGS CHARGED TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,496	0		1.00
2.00	PHARMACY	15.00	0	4,424,879	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	6,840	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	60,097	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,666	0		5.00
6.00	OPERATING ROOM	50.00	0	75	0		6.00
7.00	OUTPATIENT SURGERY	50.01	0	694	0		7.00
8.00	RECOVERY ROOM	51.00	0	107	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	68,941	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,167	0		10.00
11.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	423	0		11.00
12.00	RADIOISOTOPE	56.00	0	295,694	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	198	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	6,067	0		14.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
7/23/2020 9:02 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
15.00	ELECTROCARDIOLOGY	69.00	0	1,313	0	15.00
16.00	ULTRA SOUND	76.00	0	3,402	0	16.00
17.00	PAIN CLINIC	76.01	0	162	0	17.00
18.00	ACTIVITY THERAPEUTIC	76.03	0	43	0	18.00
19.00	WOUND CARE CENTER	76.04	0	21,183	0	19.00
20.00	BARIATRIC CLINIC	76.05	0	94	0	20.00
21.00	EMERGENCY	91.00	0	5,760	0	21.00
	TOTALS		0	4,904,301		
H - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND	5.04	43,132	1,010,717	0	1.00
	GENERAL					
2.00	EMERGENCY	91.00	0	64,124	0	2.00
	TOTALS		43,132	1,074,841		
J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	12,262,938	0	1.00
	PATIENT					
	TOTALS		0	12,262,938		
K - OTHER CAPITAL						
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
500.00	Grand Total: Decreases		693,265	47,945,366		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/23/2020 9:02 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	347,972	0	0	0	1,500	1.00
2.00	Land Improvements	9,695,245	37,471	0	37,471	31,039	2.00
3.00	Buildings and Fixtures	72,589,409	2,039,073	0	2,039,073	2,436,789	3.00
4.00	Building Improvements	1,512,208	0	0	0	1,333,219	4.00
5.00	Fixed Equipment	158,416,222	4,401,495	0	4,401,495	2,178,646	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	242,561,056	6,478,039	0	6,478,039	5,981,193	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	242,561,056	6,478,039	0	6,478,039	5,981,193	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	346,472	0				1.00
2.00	Land Improvements	9,701,677	4,256,005				2.00
3.00	Buildings and Fixtures	72,191,693	32,948,852				3.00
4.00	Building Improvements	178,989	2,893				4.00
5.00	Fixed Equipment	160,639,071	32,681,715				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	243,057,902	69,889,465				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	243,057,902	69,889,465				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,889,453	0	468,325	976,367	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,889,453	0	468,325	976,367	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	10,334,145				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,334,145				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,028,967	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,185,420	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,214,387	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	954,219	976,367	0	0	4,959,553	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,185,420	2.00
3.00	Total (sum of lines 1-2)	954,219	976,367	0	0	9,144,973	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-101,903	CENTRAL SERVICES & SUPPLY	14.00	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	-534,620			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	6,479,837			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-457,735	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,000	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-17,947	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		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
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
7/23/2020 9:02 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00				
			3.00	4.00	5.00			
33.00 RENTAL INCOME	B	-7,150	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	33.00	
34.00 MISC INCOME	B	-512	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	34.00	
35.00 DIETETIC INSTRUCTION	B	-700	DIETARY	10.00		0	35.00	
36.00 SPECIAL FUNCTIONS	B	1	DIETARY	10.00		0	36.00	
37.00 ADVERTISING EXPENSE	A	-1,375	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	37.00	
38.00 MISCELLANEOUS - OTHER OPERATING	B	-763	RADIOLOGY-DIAGNOSTIC	54.00		0	38.00	
40.00 MISCELLANEOUS - OTHER OPERATING	B	-10,979	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	40.00	
41.00 MISCELLANEOUS - OTHER OPERATING	B	-15,771	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	41.00	
42.00 PROGRAM FEES	B	-11,447	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	42.00	
43.00 UNECESSARY BORROWING	A	-851,181	INTEREST EXPENSE	113.00		0	43.00	
44.00 LOBBYING EXPENSE	A	-4,831	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	44.00	
45.00 DISCOUNTS EARNED/REBATES	B	-1,246	DIETARY	10.00		0	45.00	
46.00 PENSION ADJUSTMENT	A	2,673,683	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	46.00	
47.00 DISCOUNTS EARNED/REBATES	B	1	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	47.00	
48.00 DISCOUNTS EARNED/REBATES	B	-82,256	CENTRAL SERVICES & SUPPLY	14.00		0	48.00	
49.00 DISCOUNTS EARNED/REBATES	B	-210,786	PHARMACY	15.00		0	49.00	
49.01 DISCOUNTS EARNED/REBATES	B	-511,426	OPERATING ROOM	50.00		0	49.01	
49.02 DISCOUNTS EARNED/REBATES	B	-21,888	RADIOLOGY-DIAGNOSTIC	54.00		0	49.02	
49.03 DISCOUNTS EARNED/REBATES	B	-6,431	LABORATORY	60.00		0	49.03	
49.04 DISCOUNTS EARNED/REBATES	B	-4,878	RESPIRATORY THERAPY	65.00		0	49.04	
49.05 DISCOUNTS EARNED/REBATES	B	-5,584	PHYSICAL THERAPY	66.00		0	49.05	
49.06 RENTAL INCOME	B	1	PHYSICAL THERAPY	66.00		0	49.06	
49.07 DIETETIC INSTRUCTION	B	-50,332	BARITRATIC CLINIC	76.05		0	49.07	
49.08 PODIATRIC RESIDENT COORDINATOR	A	-250,956	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0	49.08	
49.09 HAF FEES	A	-4,898,041	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.09	
49.10 PROPERTY TAX	A	19,232	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.10	
49.11 MISC. - OTHER OPERATING	B	1	EMERGENCY	91.00		9	49.11	
49.12 MISC. PAYMENTS	B	1	EMERGENCY	91.00		0	49.12	
49.13 MED STAFF FEES	B	1,670	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.13	
49.14 PROGRAM FEES	B	-5,175	PHYSICAL THERAPY	66.00		0	49.14	
49.15 INTEREST INCOME - PATIENTS	B	1	INTEREST EXPENSE	113.00		0	49.15	
49.16 CONTRACT REVENUE	B	-88,608	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.16	
49.17 PROGRAM FEES	B	-19,114	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.17	
49.18 DISCOUNTS EARNED REBATES	B	-50,024	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	49.18	
49.19 INCENTIVE PAYMENT	A	-150	OUTPATIENT SURGERY	50.01		0	49.19	
49.20 DISCOUNTS EARNED REBATES	A	731	CATH LAB	76.02		0	49.20	
49.21 NET PERIODIC PENSION COST	A	333,500	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	49.21	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,283,850					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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 9:02 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	113.00	INTEREST EXPENSE	INTEREST	1,337,074	3,974,937	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,211,345	2,910,044	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	A&G	16,592,985	14,087,900	3.00
4.00	15.00	PHARMACY	COVP / PHARMACY	294,013	0	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	794,903	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-14,667,745	4.02
4.03	14.00	CENTRAL SERVICES & SUPPLY	SPD	2,305	6,497	4.03
4.04	15.00	PHARMACY	PHARMACY	138,562	927,321	4.04
4.05	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	201,600	4.05
4.06	41.00	SUBPROVIDER - IRF	REHABILITATION	0	5,844,819	4.06
4.07	50.00	OPERATING ROOM	OPERATING ROOM	5,690	35,926	4.07
4.08	50.00	OPERATING ROOM	ORTHOPEDICS	62	390	4.08
4.09	50.01	OUTPATIENT SURGERY	ENDOSCOPY	2,923	4,287	4.09
4.10	51.00	RECOVERY ROOM	RECOVERY	1,028	6,870	4.10
4.11	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	2,702	9,020	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	20,943	76,640	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	23,663	86,591	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	MRI	3,826	14,000	4.14
4.15	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	9,523	61,587	4.15
4.16	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	1	1	4.16
4.17	60.00	LABORATORY	CHEMISTRY	135,855	937,351	4.17
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	669	23,860	4.18
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	217,089	864,650	4.19
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	88,119	111,000	4.20
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	4,246,635	5,349,343	4.21
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	773	3,535	4.22
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	1	1	4.23
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	2,084	29,030	4.24
4.25	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	629	8,758	4.25
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	4,765	12,130	4.26
4.27	76.00	ULTRA SOUND	ULTRASOUND	3,622	49,300	4.27
4.28	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	507	3,240	4.28
4.29	91.00	EMERGENCY	ER	1	1	4.29
4.30	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	1,310,424	0	4.30
4.31	0.00			0	0	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,452,721	20,972,884	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			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	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 9:02 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00

(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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 9:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,637,863	11		1.00
2.00	-698,699	9		2.00
3.00	2,505,085	0		3.00
4.00	294,013	0		4.00
4.01	794,903	0		4.01
4.02	14,667,745	0		4.02
4.03	-4,192	0		4.03
4.04	-788,759	0		4.04
4.05	-201,600	0		4.05
4.06	-5,844,819	0		4.06
4.07	-30,236	0		4.07
4.08	-328	0		4.08
4.09	-1,364	0		4.09
4.10	-5,842	0		4.10
4.11	-6,318	0		4.11
4.12	-55,697	0		4.12
4.13	-62,928	0		4.13
4.14	-10,174	0		4.14
4.15	-52,064	0		4.15
4.16	0	0		4.16
4.17	-801,496	0		4.17
4.18	-23,191	0		4.18
4.19	-647,561	0		4.19
4.20	-22,881	0		4.20
4.21	-1,102,708	0		4.21
4.22	-2,762	0		4.22
4.23	0	0		4.23
4.24	-26,946	0		4.24
4.25	-8,129	0		4.25
4.26	-7,365	0		4.26
4.27	-45,678	0		4.27
4.28	-2,733	0		4.28
4.29	0	0		4.29
4.30	1,310,424	0		4.30
4.31	0	0		4.31
5.00	6,479,837			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

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

6.00	HEALTHCARE SERV	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2020 9:02 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2020 9:02 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	120,786	109,100	11,686	197,500	93	1.00
2.00	13.00	NURSING ADMINISTRATION	45,213	28,653	16,560	197,500	118	2.00
3.00	30.00	ADULTS & PEDIATRICS	28,418	3,375	25,043	197,500	200	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	73,428	0	73,428	197,500	532	5.00
6.00	50.00	OPERATING ROOM	78,283	30,898	47,385	246,400	379	6.00
7.00	50.01	OUTPATIENT SURGERY	244,402	228,202	16,200	246,400	130	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	32,473	0	32,473	197,500	260	9.00
10.00	65.00	RESPIRATORY THERAPY	6,780	0	6,780	197,500	54	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	76.02	CATH LAB	0	0	0	0	0	12.00
13.00	76.04	WOUND CARE CENTER	4,835	50	4,785	197,500	38	13.00
15.00	76.08	ANTICOAGULATION CLINIC	5,500	0	5,500	197,500	44	15.00
16.00	91.00	EMERGENCY	95,042	77,771	17,271	197,500	138	16.00
200.00			735,160	478,049	257,111		1,986	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	8,831	442	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	11,204	560	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	18,990	950	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	50,514	2,526	0	0	0	5.00
6.00	50.00	OPERATING ROOM	44,897	2,245	0	0	0	6.00
7.00	50.01	OUTPATIENT SURGERY	15,400	770	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	24,688	1,234	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	5,127	256	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	76.02	CATH LAB	0	0	0	0	0	12.00
13.00	76.04	WOUND CARE CENTER	3,608	180	0	0	0	13.00
15.00	76.08	ANTICOAGULATION CLINIC	4,178	209	0	0	0	15.00
16.00	91.00	EMERGENCY	13,103	655	0	0	0	16.00
200.00			200,540	10,027	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	8,831	2,855	111,955		1.00
2.00	13.00	NURSING ADMINISTRATION	0	11,204	5,356	34,009		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	18,990	6,053	9,428		3.00
4.00	0.00		0	0	0	0		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	50,514	22,914	22,914		5.00
6.00	50.00	OPERATING ROOM	0	44,897	2,488	33,386		6.00
7.00	50.01	OUTPATIENT SURGERY	0	15,400	800	229,002		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		8.00
9.00	60.00	LABORATORY	0	24,688	7,785	7,785		9.00
10.00	65.00	RESPIRATORY THERAPY	0	5,127	1,653	1,653		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0		11.00
12.00	76.02	CATH LAB	0	0	0	0		12.00
13.00	76.04	WOUND CARE CENTER	0	3,608	1,177	1,227		13.00
15.00	76.08	ANTICOAGULATION CLINIC	0	4,178	1,322	1,322		15.00
16.00	91.00	EMERGENCY	0	13,103	4,168	81,939		16.00
200.00			0	200,540	56,571	534,620		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,959,553	4,959,553			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,185,420	4,185,420			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,913,966	20,474	18,680	21,953,120	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	29,807,958	369,968	144,689	4,519,397	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,809,401	748,597	89,876	150,283	6.00
7.00	00700	OPERATION OF PLANT	6,164,131	212,291	9,485	395,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	355,582	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,607,392	56,784	4,400	411,695	9.00
10.00	01000	DIETARY	622,836	50,093	17,011	124,615	10.00
11.00	01100	CAFETERIA	441,754	72,316	0	174,397	11.00
13.00	01300	NURSING ADMINISTRATION	2,179,119	7,650	88,678	617,366	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	345,516	64,497	61,870	119,889	14.00
15.00	01500	PHARMACY	2,490,781	36,005	4,260	593,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,048,192	51,484	343	67,374	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	867,017	0	0	14,133	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,235,193	835,784	345,798	3,273,804	30.00
31.00	03100	INTENSIVE CARE UNIT	2,627,148	104,644	200,985	685,495	31.00
32.00	03200	CORONARY CARE UNIT	20,547	5,616	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	4,250,069	62,569	17,161	895,049	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,525,641	173,735	594,351	535,935	50.00
50.01	05001	OUTPATIENT SURGERY	1,681,372	148,394	89,368	484,335	50.01
51.00	05100	RECOVERY ROOM	445,561	58,491	42,607	142,884	51.00
53.00	05300	ANESTHESIOLOGY	2,694,811	0	118,650	18,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,581,740	247,126	927,078	472,162	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	331,989	16,248	221,009	101,611	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-25,337	1,054	19,780	2,366	55.00
56.00	05600	RADIOISOTOPE	365,083	51,958	104,834	115,864	56.00
60.00	06000	LABORATORY	5,048,679	72,790	4,828	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	669	29,830	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,520,651	22,549	67,564	281,471	65.00
66.00	06600	PHYSICAL THERAPY	8,177,546	15,300	26,503	1,055,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	467,153	5,859	0	150,806	67.00
68.00	06800	SPEECH PATHOLOGY	319,676	0	4,834	99,359	68.00
69.00	06900	ELECTROCARDIOLOGY	848,334	40,125	29,925	256,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	134,774	55,446	20,668	42,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,517,123	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,262,938	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,904,073	0	0	0	73.00
76.00	03630	ULTRA SOUND	429,587	24,119	123,911	134,461	76.00
76.01	03951	PAIN CLINIC	710,831	129,848	7,016	229,741	76.01
76.02	03952	CATH LAB	1,389,378	95,234	539,788	403,183	76.02
76.03	03953	ACTIVITY THERAPEUTIC	2,244,034	60,125	0	709,638	76.03
76.04	03954	WOUND CARE CENTER	307,030	67,058	4,997	98,501	76.04
76.05	03340	BARIATRIC CLINIC	519,905	20,305	5,391	145,252	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	105,064	0	0	34,426	76.07
76.08	03955	ANTICOAGULATION CLINIC	498,632	4,636	289	158,682	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,255,523	169,457	176,952	1,665,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,194,035	4,208,459	4,133,579	19,382,139	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,499	8,388	103	10,392	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,465,472	144,326	14,679	1,828,371	192.00
192.01	19201	WORKING WELL	11	0	0	0	192.01
194.00	07950	RESIDENTIAL	2,545,715	319,347	15,437	730,262	194.00
194.01	07951	OMNI	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	279,033	21,622	0	194.02
194.03	07953	CENTER OF HOPE	6,776	0	0	1,956	194.03
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	169,279,508	4,959,553	4,185,420	21,953,120	169,279,508	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	34,842,012					5.04
6.00	00600	MAINTENANCE & REPAIRS	1,243,514	6,041,671				6.00
7.00	00700	OPERATION OF PLANT	1,757,582	335,711	8,875,003			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,154	0	0	447,736		8.00
9.00	00900	HOUSEKEEPING	539,133	89,797	139,670	0	2,848,871	9.00
10.00	01000	DIETARY	211,104	79,216	123,212	0	40,184	10.00
11.00	01100	CAFETERIA	178,427	114,359	177,873	0	58,010	11.00
13.00	01300	NURSING ADMINISTRATION	749,716	12,097	18,816	0	6,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	153,367	101,995	158,642	0	51,738	14.00
15.00	01500	PHARMACY	809,827	56,938	88,561	0	28,882	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	302,547	81,416	126,634	0	41,299	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	228,363	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,066,413	1,321,685	2,055,736	202,662	670,444	30.00
31.00	03100	INTENSIVE CARE UNIT	937,729	165,481	257,388	38,322	83,942	31.00
32.00	03200	CORONARY CARE UNIT	6,781	8,881	13,814	0	4,505	32.00
41.00	04100	SUBPROVIDER - IRF	1,354,098	98,945	153,899	96,260	50,191	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	733,349	274,741	427,330	0	139,366	50.00
50.01	05001	OUTPATIENT SURGERY	622,895	234,666	364,998	0	119,038	50.01
51.00	05100	RECOVERY ROOM	178,705	92,497	143,869	0	46,920	51.00
53.00	05300	ANESTHESIOLOGY	733,919	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	836,612	390,800	607,846	0	198,238	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	173,863	25,694	39,965	0	13,034	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,666	2,592	0	845	55.00
56.00	05600	RADIOISOTOPE	165,280	82,166	127,800	0	41,680	56.00
60.00	06000	LABORATORY	1,328,557	115,109	179,039	0	58,390	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,904	47,173	73,373	0	23,929	63.00
65.00	06500	RESPIRATORY THERAPY	490,401	35,659	55,464	0	18,088	65.00
66.00	06600	PHYSICAL THERAPY	2,403,775	24,195	37,632	0	12,273	66.00
67.00	06700	OCCUPATIONAL THERAPY	161,672	9,265	14,410	0	4,700	67.00
68.00	06800	SPEECH PATHOLOGY	109,852	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	304,395	63,453	98,694	0	32,187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,660	87,681	136,379	0	44,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,948,175	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,178,124	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,270,964	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	184,546	38,142	59,325	0	19,348	76.00
76.01	03951	PAIN CLINIC	279,234	205,339	319,383	0	104,161	76.01
76.02	03952	CATH LAB	629,145	150,601	234,244	0	76,394	76.02
76.03	03953	ACTIVITY THERAPEUTIC	781,071	95,080	147,886	0	48,230	76.03
76.04	03954	WOUND CARE CENTER	123,774	106,044	164,940	0	53,792	76.04
76.05	03340	BARIATRIC CLINIC	179,045	32,110	49,943	0	16,288	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	36,151	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	171,629	7,332	11,404	0	3,719	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,883,523	267,976	416,807	0	135,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,612,975	4,853,910	7,027,568	337,244	2,246,363	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,387	13,264	20,630	0	6,728	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,190,682	228,234	354,994	0	115,775	192.00
192.01	19201	WORKING WELL	3	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	935,783	505,008	785,486	0	256,172	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	77,919	441,255	686,325	110,492	223,833	194.02
194.03	07953	CENTER OF HOPE	2,263	0	0	0	0	194.03
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)	34,842,012	6,041,671	8,875,003	447,736	2,848,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,268,271					10.00
11.00	01100	CAFETERIA	0	1,217,136				11.00
13.00	01300	NURSING ADMINISTRATION	0	39,339	3,718,918			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,035	0	1,073,549		14.00
15.00	01500	PHARMACY	0	37,863	0	811	4,147,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,978	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	763,182	249,432	1,227,926	36,462	5,786	30.00
31.00	03100	INTENSIVE CARE UNIT	130,069	52,071	403,823	14,125	50,840	31.00
32.00	03200	CORONARY CARE UNIT	0	37	331	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	37,863	216,015	7,326	1,409	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	39,634	148,252	537,819	63	50.00
50.01	05001	OUTPATIENT SURGERY	0	34,007	186,061	31,886	587	50.01
51.00	05100	RECOVERY ROOM	0	8,875	69,194	4,749	91	51.00
53.00	05300	ANESTHESIOLOGY	0	2,731	0	12,653	58,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,753	269	9,512	4,371	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	7,455	0	14,812	358	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18	154	1	0	55.00
56.00	05600	RADIOISOTOPE	0	7,565	0	281	250,149	56.00
60.00	06000	LABORATORY	0	0	0	2	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	22,013	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,379	0	9,274	168	65.00
66.00	06600	PHYSICAL THERAPY	0	70,689	200	841	5,133	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,890	0	221	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,905	0	3,165	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,743	52,390	635	1,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,137	0	250	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,743,326	73.00
76.00	03630	ULTRA SOUND	0	7,750	762	1,400	2,878	76.00
76.01	03951	PAIN CLINIC	0	16,699	118,552	6,908	137	76.01
76.02	03952	CATH LAB	0	28,840	171,650	325,347	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	58,455	1,908	9	36	76.03
76.04	03954	WOUND CARE CENTER	0	8,100	45,842	7,851	17,920	76.04
76.05	03340	BARIATRIC CLINIC	0	11,754	51,482	174	80	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	1,937	16,004	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	9,263	0	1,593	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	98,237	471,416	23,428	4,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	893,251	960,434	3,182,231	1,073,549	4,147,638	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,270	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,575	128,209	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	96,835	89,684	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	375,020	80,893	318,794	0	0	194.02
194.03	07953	CENTER OF HOPE	0	129	0	0	0	194.03
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)	1,268,271	1,217,136	3,718,918	1,073,549	4,147,638	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,725,268					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,109,513			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	138,999	0	663,756	27,093,062	-663,756	30.00
31.00	03100	INTENSIVE CARE UNIT	32,659	0	0	5,784,721	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	60,512	0	32.00
41.00	04100	SUBPROVIDER - IRF	34,312	0	0	7,275,166	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	191,576	0	42,298	5,364,090	-42,298	50.00
50.01	05001	OUTPATIENT SURGERY	38,147	0	0	4,035,754	0	50.01
51.00	05100	RECOVERY ROOM	21,330	0	0	1,255,773	0	51.00
53.00	05300	ANESTHESIOLOGY	59,130	0	0	3,698,614	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,493	0	13,015	5,481,015	-13,015	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	12,012	0	0	958,050	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	57	0	0	3,196	0	55.00
56.00	05600	RADIOISOTOPE	41,754	0	0	1,354,414	0	56.00
60.00	06000	LABORATORY	139,496	0	0	6,946,890	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,628	0	0	211,519	0	63.00
65.00	06500	RESPIRATORY THERAPY	40,171	0	0	2,569,839	0	65.00
66.00	06600	PHYSICAL THERAPY	53,244	0	0	11,883,057	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,873	0	0	835,849	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,087	0	0	548,878	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,396	0	0	1,800,525	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,467	0	0	596,404	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,566	0	0	9,559,864	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,017	0	0	15,507,079	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,849	0	0	10,019,212	0	73.00
76.00	03630	ULTRA SOUND	22,321	0	0	1,048,550	0	76.00
76.01	03951	PAIN CLINIC	34,516	0	0	2,162,365	0	76.01
76.02	03952	CATH LAB	162,447	0	0	4,206,251	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	15,766	0	0	4,162,238	0	76.03
76.04	03954	WOUND CARE CENTER	6,655	0	0	1,012,504	0	76.04
76.05	03340	BARIATRIC CLINIC	1,916	0	0	1,033,645	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	193,582	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	3,563	0	0	870,742	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	180,821	0	390,444	11,141,117	-390,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,725,268	0	1,109,513	148,674,477	-1,109,513	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	151,661	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,547,317	0	192.00
192.01	19201	WORKING WELL	0	0	0	14	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	6,279,729	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	2,615,186	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	11,124	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,725,268	0	1,109,513	169,279,508	-1,109,513	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
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	50.00
50.01	05001	OUTPATIENT SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03630	ULTRA SOUND	76.00
76.01	03951	PAIN CLINIC	76.01
76.02	03952	CATH LAB	76.02
76.03	03953	ACTIVITY THERAPEUTIC	76.03
76.04	03954	WOUND CARE CENTER	76.04
76.05	03340	BARITRIC CLINIC	76.05
76.06	03030	HEALTHY LIVING CENTER	76.06
76.07	03950	CV RESOURCE CENTER	76.07
76.08	03955	ANTICOAGULATION CLINIC	76.08
76.09	03956	LACTATION CLINIC	76.09
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	WORKING WELL	192.01
194.00	07950	RESIDENTIAL	194.00
194.01	07951	OMNI	194.01
194.02	07952	PSYCHIATRIC	194.02
194.03	07953	CENTER OF HOPE	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,474	18,680	39,154	39,154	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	0	369,968	144,689	514,657	8,078	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	748,597	89,876	838,473	268	6.00
7.00	00700	OPERATION OF PLANT	0	212,291	9,485	221,776	705	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	56,784	4,400	61,184	734	9.00
10.00	01000	DIETARY	0	50,093	17,011	67,104	222	10.00
11.00	01100	CAFETERIA	0	72,316	0	72,316	311	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,650	88,678	96,328	1,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	64,497	61,870	126,367	214	14.00
15.00	01500	PHARMACY	0	36,005	4,260	40,265	1,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,484	343	51,827	120	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	25	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	835,784	345,798	1,181,582	5,835	30.00
31.00	03100	INTENSIVE CARE UNIT	0	104,644	200,985	305,629	1,222	31.00
32.00	03200	CORONARY CARE UNIT	0	5,616	0	5,616	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	62,569	17,161	79,730	1,595	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	173,735	594,351	768,086	955	50.00
50.01	05001	OUTPATIENT SURGERY	0	148,394	89,368	237,762	863	50.01
51.00	05100	RECOVERY ROOM	0	58,491	42,607	101,098	255	51.00
53.00	05300	ANESTHESIOLOGY	0	0	118,650	118,650	33	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	247,126	927,078	1,174,204	842	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	16,248	221,009	237,257	181	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,054	19,780	20,834	4	55.00
56.00	05600	RADIOISOTOPE	0	51,958	104,834	156,792	207	56.00
60.00	06000	LABORATORY	0	72,790	4,828	77,618	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	29,830	0	29,830	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,549	67,564	90,113	502	65.00
66.00	06600	PHYSICAL THERAPY	0	15,300	26,503	41,803	1,882	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,859	0	5,859	269	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,834	4,834	177	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,125	29,925	70,050	457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	55,446	20,668	76,114	76	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	24,119	123,911	148,030	240	76.00
76.01	03951	PAIN CLINIC	0	129,848	7,016	136,864	409	76.01
76.02	03952	CATH LAB	0	95,234	539,788	635,022	719	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	60,125	0	60,125	1,265	76.03
76.04	03954	WOUND CARE CENTER	0	67,058	4,997	72,055	176	76.04
76.05	03340	BARIATRIC CLINIC	0	20,305	5,391	25,696	259	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	61	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	4,636	289	4,925	283	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	169,457	176,952	346,409	2,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,208,459	4,133,579	8,342,038	34,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,388	103	8,491	19	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	144,326	14,679	159,005	3,259	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	319,347	15,437	334,784	1,302	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	279,033	21,622	300,655	0	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	3	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118 through 201)	0	4,959,553	4,185,420	9,144,973	39,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	522,735					5.04
6.00	00600	MAINTENANCE & REPAIRS	18,655	857,396				6.00
7.00	00700	OPERATION OF PLANT	26,367	47,642	296,490			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,383	0	0	1,383		8.00
9.00	00900	HOUSEKEEPING	8,088	12,743	4,666	0	87,415	9.00
10.00	01000	DIETARY	3,167	11,242	4,116	0	1,233	10.00
11.00	01100	CAFETERIA	2,677	16,229	5,942	0	1,780	11.00
13.00	01300	NURSING ADMINISTRATION	11,247	1,717	629	0	188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,301	14,474	5,300	0	1,588	14.00
15.00	01500	PHARMACY	12,149	8,080	2,959	0	886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,539	11,554	4,230	0	1,267	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,426	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,036	187,567	68,680	627	20,571	30.00
31.00	03100	INTENSIVE CARE UNIT	14,068	23,484	8,599	118	2,576	31.00
32.00	03200	CORONARY CARE UNIT	102	1,260	461	0	138	32.00
41.00	04100	SUBPROVIDER - IRF	20,314	14,042	5,141	297	1,540	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,002	38,990	14,276	0	4,276	50.00
50.01	05001	OUTPATIENT SURGERY	9,345	33,302	12,194	0	3,653	50.01
51.00	05100	RECOVERY ROOM	2,681	13,127	4,806	0	1,440	51.00
53.00	05300	ANESTHESIOLOGY	11,010	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,551	55,460	20,307	0	6,083	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,608	3,646	1,335	0	400	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	236	87	0	26	55.00
56.00	05600	RADIOISOTOPE	2,480	11,660	4,269	0	1,279	56.00
60.00	06000	LABORATORY	19,931	16,335	5,981	0	1,792	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	119	6,695	2,451	0	734	63.00
65.00	06500	RESPIRATORY THERAPY	7,357	5,061	1,853	0	555	65.00
66.00	06600	PHYSICAL THERAPY	36,061	3,434	1,257	0	377	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,425	1,315	481	0	144	67.00
68.00	06800	SPEECH PATHOLOGY	1,648	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,567	9,005	3,297	0	988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	985	12,443	4,556	0	1,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,227	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,678	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,067	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,769	5,413	1,982	0	594	76.00
76.01	03951	PAIN CLINIC	4,189	29,140	10,670	0	3,196	76.01
76.02	03952	CATH LAB	9,438	21,372	7,825	0	2,344	76.02
76.03	03953	ACTIVITY THERAPEUTIC	11,718	13,493	4,940	0	1,480	76.03
76.04	03954	WOUND CARE CENTER	1,857	15,049	5,510	0	1,651	76.04
76.05	03340	BARIATRIC CLINIC	2,686	4,557	1,668	0	500	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	542	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	2,575	1,040	381	0	114	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,257	38,029	13,924	0	4,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	474,292	688,836	234,773	1,042	68,929	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	336	1,882	689	0	206	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,865	32,390	11,859	0	3,552	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	14,039	71,668	26,241	0	7,860	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,169	62,620	22,928	341	6,868	194.02
194.03	07953	CENTER OF HOPE	34	0	0	0	0	194.03
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)	522,735	857,396	296,490	1,383	87,415	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	87,084					10.00
11.00	01100	CAFETERIA	0	99,255				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,208	114,417			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,308	0	151,552		14.00
15.00	01500	PHARMACY	0	3,088	0	115	68,600	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	488	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,403	20,336	37,781	5,147	96	30.00
31.00	03100	INTENSIVE CARE UNIT	8,931	4,246	12,424	1,994	841	31.00
32.00	03200	CORONARY CARE UNIT	0	3	10	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	3,088	6,646	1,034	23	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,232	4,561	75,927	1	50.00
50.01	05001	OUTPATIENT SURGERY	0	2,773	5,724	4,501	10	50.01
51.00	05100	RECOVERY ROOM	0	724	2,129	670	1	51.00
53.00	05300	ANESTHESIOLOGY	0	223	0	1,786	965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,486	8	1,343	72	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	608	0	2,091	6	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2	5	0	0	55.00
56.00	05600	RADIOISOTOPE	0	617	0	40	4,137	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,107	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,314	0	1,309	3	65.00
66.00	06600	PHYSICAL THERAPY	0	5,765	6	119	85	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	807	0	31	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	482	0	447	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,610	1,612	90	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	256	0	35	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	61,913	73.00
76.00	03630	ULTRA SOUND	0	632	23	198	48	76.00
76.01	03951	PAIN CLINIC	0	1,362	3,647	975	2	76.01
76.02	03952	CATH LAB	0	2,352	5,281	45,927	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	4,767	59	1	1	76.03
76.04	03954	WOUND CARE CENTER	0	661	1,410	1,108	296	76.04
76.05	03340	BARIATRIC CLINIC	0	958	1,584	25	1	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	158	492	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	755	0	225	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	8,011	14,504	3,307	81	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,334	78,320	97,906	151,552	68,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	185	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,245	3,944	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	7,897	2,759	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	25,750	6,597	9,808	0	0	194.02
194.03	07953	CENTER OF HOPE	0	11	0	0	0	194.03
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)	87,084	99,255	114,417	151,552	68,600	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	74,025					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,451			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,970	0		1,647,631	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,403	0		385,535	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0		7,590	0	32.00
41.00	04100	SUBPROVIDER - IRF	1,474	0		134,924	0	41.00
42.00	04200	SUBPROVIDER	0	0		0	0	42.00
43.00	04300	NURSERY	0	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,152	0		929,458	0	50.00
50.01	05001	OUTPATIENT SURGERY	1,638	0		311,765	0	50.01
51.00	05100	RECOVERY ROOM	916	0		127,847	0	51.00
53.00	05300	ANESTHESIOLOGY	2,540	0		135,207	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,421	0		1,280,777	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	516	0		248,648	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2	0		21,196	0	55.00
56.00	05600	RADIOISOTOPE	1,793	0		183,274	0	56.00
60.00	06000	LABORATORY	5,992	0		127,649	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	285	0		43,221	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,725	0		110,792	0	65.00
66.00	06600	PHYSICAL THERAPY	2,287	0		93,076	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	510	0		11,841	0	67.00
68.00	06800	SPEECH PATHOLOGY	261	0		7,849	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,293	0		93,987	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235	0		96,065	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,062	0		33,289	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,835	0		50,513	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,332	0		85,312	0	73.00
76.00	03630	ULTRA SOUND	959	0		160,888	0	76.00
76.01	03951	PAIN CLINIC	1,483	0		191,937	0	76.01
76.02	03952	CATH LAB	6,977	0		737,257	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	677	0		98,526	0	76.03
76.04	03954	WOUND CARE CENTER	286	0		100,059	0	76.04
76.05	03340	BARIATRIC CLINIC	82	0		38,016	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0		1,253	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	153	0		10,451	0	76.08
76.09	03956	LACTATION CLINIC	0	0		0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,766	0		467,428	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,025	0	0	7,973,261	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,808	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		253,119	0	192.00
192.01	19201	WORKING WELL	0	0		0	0	192.01
194.00	07950	RESIDENTIAL	0	0		466,550	0	194.00
194.01	07951	OMNI	0	0		0	0	194.01
194.02	07952	PSYCHIATRIC	0	0		436,736	0	194.02
194.03	07953	CENTER OF HOPE	0	0		48	0	194.03
200.00		Cross Foot Adjustments			3,451	3,451	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	22.00	24.00	25.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	74,025	0	3,451	9,144,973	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
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	50.00
50.01	05001	OUTPATIENT SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03630	ULTRA SOUND	76.00
76.01	03951	PAIN CLINIC	76.01
76.02	03952	CATH LAB	76.02
76.03	03953	ACTIVITY THERAPEUTIC	76.03
76.04	03954	WOUND CARE CENTER	76.04
76.05	03340	BARIATRIC CLINIC	76.05
76.06	03030	HEALTHY LIVING CENTER	76.06
76.07	03950	CV RESOURCE CENTER	76.07
76.08	03955	ANTICOAGULATION CLINIC	76.08
76.09	03956	LACTATION CLINIC	76.09
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	WORKING WELL	192.01
194.00	07950	RESIDENTIAL	194.00
194.01	07951	OMNI	194.01
194.02	07952	PSYCHIATRIC	194.02
194.03	07953	CENTER OF HOPE	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	470,676				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,691,967			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,943	16,478	66,997,572		4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	35,111	127,630	13,792,446	-34,842,012	5.04
6.00	00600	MAINTENANCE & REPAIRS	71,044	79,280	458,641	0	6.00
7.00	00700	OPERATION OF PLANT	20,147	8,367	1,207,932	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,389	3,881	1,256,433	0	9.00
10.00	01000	DIETARY	4,754	15,005	380,306	0	10.00
11.00	01100	CAFETERIA	6,863	0	532,234	0	11.00
13.00	01300	NURSING ADMINISTRATION	726	78,223	1,884,109	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,121	54,576	365,882	0	14.00
15.00	01500	PHARMACY	3,417	3,758	1,811,913	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,886	303	205,614	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	43,132	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,318	305,029	9,991,163	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,931	177,289	2,092,028	0	31.00
32.00	03200	CORONARY CARE UNIT	533	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	5,938	15,138	2,731,556	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,488	524,278	1,635,595	0	50.00
50.01	05001	OUTPATIENT SURGERY	14,083	78,832	1,478,118	0	50.01
51.00	05100	RECOVERY ROOM	5,551	37,584	436,062	0	51.00
53.00	05300	ANESTHESIOLOGY	0	104,661	56,147	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,453	817,778	1,440,967	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	194,952	310,102	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	100	17,448	7,220	2,137	55.00
56.00	05600	RADIOISOTOPE	4,931	92,474	353,600	0	56.00
60.00	06000	LABORATORY	6,908	4,259	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,140	59,598	859,009	0	65.00
66.00	06600	PHYSICAL THERAPY	1,452	23,378	3,221,919	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	556	0	460,238	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,264	303,228	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,808	26,397	781,692	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,262	18,231	129,598	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,289	109,302	410,354	0	76.00
76.01	03951	PAIN CLINIC	12,323	6,189	701,135	0	76.01
76.02	03952	CATH LAB	9,038	476,148	1,230,455	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,706	0	2,165,709	0	76.03
76.04	03954	WOUND CARE CENTER	6,364	4,408	300,611	0	76.04
76.05	03340	BARIATRIC CLINIC	1,927	4,755	443,288	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	105,064	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	440	255	484,275	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,082	156,090	5,083,548	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,395	3,646,238	59,151,323	-34,839,875	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	91	31,714	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,697	12,948	5,579,917	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	30,307	13,617	2,228,650	0	194.00
194.01	07951	OMNI	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	26,481	19,073	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	5,968	0	194.03
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.04	5.04	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,959,553	4,185,420	21,953,120		34,842,012	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.537085	1.133656	0.327670		0.259165	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			39,154		522,735	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000584		0.003888	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT ME ALS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS	362,578					6.00
7.00	00700	OPERATION OF PLANT	20,147	342,431				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	587,502			8.00
9.00	00900	HOUSEKEEPING	5,389	5,389	0	337,042		9.00
10.00	01000	DIETARY	4,754	4,754	0	4,754	202,943	10.00
11.00	01100	CAFETERIA	6,863	6,863	0	6,863	0	11.00
13.00	01300	NURSING ADMINISTRATION	726	726	0	726	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,121	6,121	0	6,121	0	14.00
15.00	01500	PHARMACY	3,417	3,417	0	3,417	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,886	4,886	0	4,886	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,318	79,318	265,925	79,318	122,121	30.00
31.00	03100	INTENSIVE CARE UNIT	9,931	9,931	50,285	9,931	20,813	31.00
32.00	03200	CORONARY CARE UNIT	533	533	0	533	0	32.00
41.00	04100	SUBPROVIDER - IRF	5,938	5,938	126,309	5,938	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,488	16,488	0	16,488	0	50.00
50.01	05001	OUTPATIENT SURGERY	14,083	14,083	0	14,083	0	50.01
51.00	05100	RECOVERY ROOM	5,551	5,551	0	5,551	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,453	23,453	0	23,453	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	1,542	0	1,542	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	100	100	0	100	0	55.00
56.00	05600	RADIOISOTOPE	4,931	4,931	0	4,931	0	56.00
60.00	06000	LABORATORY	6,908	6,908	0	6,908	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,831	2,831	0	2,831	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,140	2,140	0	2,140	0	65.00
66.00	06600	PHYSICAL THERAPY	1,452	1,452	0	1,452	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	556	556	0	556	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,808	3,808	0	3,808	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,262	5,262	0	5,262	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	2,289	2,289	0	2,289	0	76.00
76.01	03951	PAIN CLINIC	12,323	12,323	0	12,323	0	76.01
76.02	03952	CATH LAB	9,038	9,038	0	9,038	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,706	5,706	0	5,706	0	76.03
76.04	03954	WOUND CARE CENTER	6,364	6,364	0	6,364	0	76.04
76.05	03340	BARIATRIC CLINIC	1,927	1,927	0	1,927	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	440	440	0	440	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,082	16,082	0	16,082	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	291,297	271,150	442,519	265,761	142,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	796	0	796	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,697	13,697	0	13,697	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	30,307	30,307	0	30,307	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	26,481	26,481	144,983	26,481	60,009	194.02
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
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)	6,041,671	8,875,003	447,736	2,848,871	1,268,271	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT ME ALS)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	16.663093	25.917639	0.762101	8.452570	6.249395	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	857,396	296,490	1,383	87,415	87,084	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.364722	0.865839	0.002354	0.259359	0.429106	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	65,963					11.00
13.00	01300	NURSING ADMINISTRATION	2,132	483,340				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	869	0	19,551,907			14.00
15.00	01500	PHARMACY	2,052	0	14,777	4,902,805		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	324	0	18	0	597,525,280	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,518	159,591	664,051	6,840	48,146,399	30.00
31.00	03100	INTENSIVE CARE UNIT	2,822	52,484	257,245	60,097	11,312,419	31.00
32.00	03200	CORONARY CARE UNIT	2	43	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	2,052	28,075	133,428	1,666	11,884,865	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,148	19,268	9,795,049	75	66,285,606	50.00
50.01	05001	OUTPATIENT SURGERY	1,843	24,182	580,717	694	13,213,471	50.01
51.00	05100	RECOVERY ROOM	481	8,993	86,499	107	7,388,180	51.00
53.00	05300	ANESTHESIOLOGY	148	0	230,441	68,941	20,481,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,317	35	173,244	5,167	51,781,360	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	404	0	269,762	423	4,160,793	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1	20	21	0	19,658	55.00
56.00	05600	RADIOISOTOPE	410	0	5,112	295,694	14,462,670	56.00
60.00	06000	LABORATORY	0	0	30	0	48,318,576	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	400,905	0	2,295,640	63.00
65.00	06500	RESPIRATORY THERAPY	1,538	0	168,894	198	13,914,423	65.00
66.00	06600	PHYSICAL THERAPY	3,831	26	15,310	6,067	18,442,574	66.00
67.00	06700	OCCUPATIONAL THERAPY	536	0	4,026	0	4,112,524	67.00
68.00	06800	SPEECH PATHOLOGY	320	0	57,637	0	2,108,244	68.00
69.00	06900	ELECTROCARDIOLOGY	1,070	6,809	11,567	1,313	18,495,450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170	0	4,548	0	1,893,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	32,755,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,866,899	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,424,879	34,932,098	73.00
76.00	03630	ULTRA SOUND	420	99	25,502	3,402	7,731,717	76.00
76.01	03951	PAIN CLINIC	905	15,408	125,808	162	11,955,708	76.01
76.02	03952	CATH LAB	1,563	22,309	5,925,307	0	56,268,343	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,168	248	169	43	5,460,940	76.03
76.04	03954	WOUND CARE CENTER	439	5,958	142,988	21,183	2,305,169	76.04
76.05	03340	BARIATRIC CLINIC	637	6,691	3,161	94	663,750	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	105	2,080	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	502	0	29,007	0	1,234,160	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,324	61,269	426,684	5,760	62,632,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,051	413,588	19,551,907	4,902,805	597,525,280	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	123	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,150	16,663	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	5,248	11,656	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	4,384	41,433	0	0	0	194.02
194.03	07953	CENTER OF HOPE	7	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,217,136	3,718,918	1,073,549	4,147,638	1,725,268	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.451799	7.694207	0.054908	0.845972	0.002887	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	99,255	114,417	151,552	68,600	74,025	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.504707	0.236722	0.007751	0.013992	0.000124	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description			SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			17.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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	597,525,280		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	682	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	48,146,399	408	30.00
31.00	03100	INTENSIVE CARE UNIT	11,312,419	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	11,884,865	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	66,285,606	26	50.00
50.01	05001	OUTPATIENT SURGERY	13,213,471	0	50.01
51.00	05100	RECOVERY ROOM	7,388,180	0	51.00
53.00	05300	ANESTHESIOLOGY	20,481,631	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,781,360	8	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	4,160,793	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,658	0	55.00
56.00	05600	RADIOISOTOPE	14,462,670	0	56.00
60.00	06000	LABORATORY	48,318,576	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,295,640	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,914,423	0	65.00
66.00	06600	PHYSICAL THERAPY	18,442,574	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,112,524	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,108,244	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,495,450	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,893,540	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,755,716	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,866,899	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,932,098	0	73.00
76.00	03630	ULTRA SOUND	7,731,717	0	76.00
76.01	03951	PAIN CLINIC	11,955,708	0	76.01
76.02	03952	CATH LAB	56,268,343	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	5,460,940	0	76.03
76.04	03954	WOUND CARE CENTER	2,305,169	0	76.04
76.05	03340	BARIATRIC CLINIC	663,750	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	1,234,160	0	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	62,632,757	240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	597,525,280	682	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	194.03
200.00		Cross Foot Adjustments			200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		17.00	22.00		
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,109,513		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1,626.851906		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	3,451		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.060117		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 9:02 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,429,306		26,429,306	6,053	26,435,359	30.00
31.00	03100	INTENSIVE CARE UNIT	5,784,721		5,784,721	22,914	5,807,635	31.00
32.00	03200	CORONARY CARE UNIT	60,512		60,512	0	60,512	32.00
41.00	04100	SUBPROVIDER - IRF	7,275,166		7,275,166	0	7,275,166	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,321,792		5,321,792	2,488	5,324,280	50.00
50.01	05001	OUTPATIENT SURGERY	4,035,754		4,035,754	800	4,036,554	50.01
51.00	05100	RECOVERY ROOM	1,255,773		1,255,773	0	1,255,773	51.00
53.00	05300	ANESTHESIOLOGY	3,698,614		3,698,614	0	3,698,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,468,000		5,468,000	0	5,468,000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	958,050		958,050	0	958,050	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,196		3,196	0	3,196	55.00
56.00	05600	RADIOISOTOPE	1,354,414		1,354,414	0	1,354,414	56.00
60.00	06000	LABORATORY	6,946,890		6,946,890	7,785	6,954,675	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,519		211,519	0	211,519	63.00
65.00	06500	RESPIRATORY THERAPY	2,569,839	0	2,569,839	1,653	2,571,492	65.00
66.00	06600	PHYSICAL THERAPY	11,883,057	0	11,883,057	0	11,883,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	835,849	0	835,849	0	835,849	67.00
68.00	06800	SPEECH PATHOLOGY	548,878	0	548,878	0	548,878	68.00
69.00	06900	ELECTROCARDIOLOGY	1,800,525		1,800,525	0	1,800,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	596,404		596,404	0	596,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,559,864		9,559,864	0	9,559,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,507,079		15,507,079	0	15,507,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,019,212		10,019,212	0	10,019,212	73.00
76.00	03630	ULTRA SOUND	1,048,550		1,048,550	0	1,048,550	76.00
76.01	03951	PAIN CLINIC	2,162,365		2,162,365	0	2,162,365	76.01
76.02	03952	CATH LAB	4,206,251		4,206,251	0	4,206,251	76.02
76.03	03953	ACTIVITY THERAPEUTIC	4,162,238		4,162,238	0	4,162,238	76.03
76.04	03954	WOUND CARE CENTER	1,012,504		1,012,504	1,177	1,013,681	76.04
76.05	03340	BARITATRIC CLINIC	1,033,645		1,033,645	0	1,033,645	76.05
76.06	03030	HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	193,582		193,582	0	193,582	76.07
76.08	03955	ANTICOAGULATION CLINIC	870,742		870,742	1,322	872,064	76.08
76.09	03956	LACTATION CLINIC	0		0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,750,673		10,750,673	4,168	10,754,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,000,278		6,000,278		6,000,278	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,565,242	0	153,565,242	48,360	153,613,602	200.00
201.00		Less Observation Beds	6,000,278		6,000,278		6,000,278	201.00
202.00		Total (see instructions)	147,564,964	0	147,564,964	48,360	147,613,324	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 9:02 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,005,490		37,005,490			30.00
31.00	03100	INTENSIVE CARE UNIT	11,312,419		11,312,419			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
41.00	04100	SUBPROVIDER - IRF	11,884,865		11,884,865			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,248,381	38,037,225	66,285,606	0.080286	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	4,593,669	8,619,802	13,213,471	0.305427	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,943,435	4,444,745	7,388,180	0.169971	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	7,403,444	13,078,187	20,481,631	0.180582	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,021,016	35,760,344	51,781,360	0.105598	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,365,659	1,795,134	4,160,793	0.230257	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,060	12,598	19,658	0.162580	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,430,223	13,032,447	14,462,670	0.093649	0.000000	56.00
60.00	06000	LABORATORY	22,112,784	26,205,792	48,318,576	0.143773	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,912,743	382,897	2,295,640	0.092139	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	8,829,856	5,084,567	13,914,423	0.184689	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,926,180	14,516,394	18,442,574	0.644327	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,944,753	167,771	4,112,524	0.203245	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,407,622	700,622	2,108,244	0.260348	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,474,370	12,021,080	18,495,450	0.097350	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	416,380	1,477,160	1,893,540	0.314968	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,507,067	12,248,649	32,755,716	0.291853	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,312,420	11,554,479	22,866,899	0.678145	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,961,478	9,970,620	34,932,098	0.286820	0.000000	73.00
76.00	03630	ULTRA SOUND	2,612,530	5,119,187	7,731,717	0.135617	0.000000	76.00
76.01	03951	PAIN CLINIC	51,530	11,904,178	11,955,708	0.180865	0.000000	76.01
76.02	03952	CATH LAB	19,417,414	36,850,929	56,268,343	0.074753	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,143,880	2,317,060	5,460,940	0.762183	0.000000	76.03
76.04	03954	WOUND CARE CENTER	29,030	2,276,139	2,305,169	0.439232	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	220	663,530	663,750	1.557281	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	12,719	1,221,441	1,234,160	0.705534	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,315,616	45,317,141	62,632,757	0.171646	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,089,611	7,051,298	11,140,909	0.538581	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	275,693,864	321,831,416	597,525,280			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	275,693,864	321,831,416	597,525,280			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/23/2020 9:02 am
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
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	0.080323			50.00
50.01	05001	OUTPATIENT SURGERY	0.305488			50.01
51.00	05100	RECOVERY ROOM	0.169971			51.00
53.00	05300	ANESTHESIOLOGY	0.180582			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105598			54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.230257			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.162580			55.00
56.00	05600	RADIOISOTOPE	0.093649			56.00
60.00	06000	LABORATORY	0.143934			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.092139			63.00
65.00	06500	RESPIRATORY THERAPY	0.184808			65.00
66.00	06600	PHYSICAL THERAPY	0.644327			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203245			67.00
68.00	06800	SPEECH PATHOLOGY	0.260348			68.00
69.00	06900	ELECTROCARDIOLOGY	0.097350			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314968			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.678145			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286820			73.00
76.00	03630	ULTRA SOUND	0.135617			76.00
76.01	03951	PAIN CLINIC	0.180865			76.01
76.02	03952	CATH LAB	0.074753			76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.762183			76.03
76.04	03954	WOUND CARE CENTER	0.439743			76.04
76.05	03340	BARIATRIC CLINIC	1.557281			76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000			76.06
76.07	03950	CV RESOURCE CENTER	0.000000			76.07
76.08	03955	ANTICOAGULATION CLINIC	0.706605			76.08
76.09	03956	LACTATION CLINIC	0.000000			76.09
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.171713			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.538581			92.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/23/2020 9:02 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,429,306		26,429,306	6,053	26,435,359	30.00
31.00	03100	INTENSIVE CARE UNIT	5,784,721		5,784,721	22,914	5,807,635	31.00
32.00	03200	CORONARY CARE UNIT	60,512		60,512	0	60,512	32.00
41.00	04100	SUBPROVIDER - IRF	7,275,166		7,275,166	0	7,275,166	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,321,792		5,321,792	2,488	5,324,280	50.00
50.01	05001	OUTPATIENT SURGERY	4,035,754		4,035,754	800	4,036,554	50.01
51.00	05100	RECOVERY ROOM	1,255,773		1,255,773	0	1,255,773	51.00
53.00	05300	ANESTHESIOLOGY	3,698,614		3,698,614	0	3,698,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,468,000		5,468,000	0	5,468,000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	958,050		958,050	0	958,050	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,196		3,196	0	3,196	55.00
56.00	05600	RADIOISOTOPE	1,354,414		1,354,414	0	1,354,414	56.00
60.00	06000	LABORATORY	6,946,890		6,946,890	7,785	6,954,675	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	211,519		211,519	0	211,519	63.00
65.00	06500	RESPIRATORY THERAPY	2,569,839	0	2,569,839	1,653	2,571,492	65.00
66.00	06600	PHYSICAL THERAPY	11,883,057	0	11,883,057	0	11,883,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	835,849	0	835,849	0	835,849	67.00
68.00	06800	SPEECH PATHOLOGY	548,878	0	548,878	0	548,878	68.00
69.00	06900	ELECTROCARDIOLOGY	1,800,525		1,800,525	0	1,800,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	596,404		596,404	0	596,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,559,864		9,559,864	0	9,559,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,507,079		15,507,079	0	15,507,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,019,212		10,019,212	0	10,019,212	73.00
76.00	03630	ULTRA SOUND	1,048,550		1,048,550	0	1,048,550	76.00
76.01	03951	PAIN CLINIC	2,162,365		2,162,365	0	2,162,365	76.01
76.02	03952	CATH LAB	4,206,251		4,206,251	0	4,206,251	76.02
76.03	03953	ACTIVITY THERAPEUTIC	4,162,238		4,162,238	0	4,162,238	76.03
76.04	03954	WOUND CARE CENTER	1,012,504		1,012,504	1,177	1,013,681	76.04
76.05	03340	BARIATRIC CLINIC	1,033,645		1,033,645	0	1,033,645	76.05
76.06	03030	HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	193,582		193,582	0	193,582	76.07
76.08	03955	ANTICOAGULATION CLINIC	870,742		870,742	1,322	872,064	76.08
76.09	03956	LACTATION CLINIC	0		0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,750,673		10,750,673	4,168	10,754,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,000,278		6,000,278		6,000,278	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,565,242	0	153,565,242	48,360	153,613,602	200.00
201.00		Less Observation Beds	6,000,278		6,000,278		6,000,278	201.00
202.00		Total (see instructions)	147,564,964	0	147,564,964	48,360	147,613,324	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/23/2020 9:02 am	
					Title XIX		Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
			9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,005,490		37,005,490			30.00
31.00	03100	INTENSIVE CARE UNIT	11,312,419		11,312,419			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
41.00	04100	SUBPROVIDER - IRF	11,884,865		11,884,865			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,248,381	38,037,225	66,285,606	0.080286	0.080286	50.00
50.01	05001	OUTPATIENT SURGERY	4,593,669	8,619,802	13,213,471	0.305427	0.305427	50.01
51.00	05100	RECOVERY ROOM	2,943,435	4,444,745	7,388,180	0.169971	0.169971	51.00
53.00	05300	ANESTHESIOLOGY	7,403,444	13,078,187	20,481,631	0.180582	0.180582	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,021,016	35,760,344	51,781,360	0.105598	0.105598	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,365,659	1,795,134	4,160,793	0.230257	0.230257	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,060	12,598	19,658	0.162580	0.162580	55.00
56.00	05600	RADIOISOTOPE	1,430,223	13,032,447	14,462,670	0.093649	0.093649	56.00
60.00	06000	LABORATORY	22,112,784	26,205,792	48,318,576	0.143773	0.143773	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,912,743	382,897	2,295,640	0.092139	0.092139	63.00
65.00	06500	RESPIRATORY THERAPY	8,829,856	5,084,567	13,914,423	0.184689	0.184689	65.00
66.00	06600	PHYSICAL THERAPY	3,926,180	14,516,394	18,442,574	0.644327	0.644327	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,944,753	167,771	4,112,524	0.203245	0.203245	67.00
68.00	06800	SPEECH PATHOLOGY	1,407,622	700,622	2,108,244	0.260348	0.260348	68.00
69.00	06900	ELECTROCARDIOLOGY	6,474,370	12,021,080	18,495,450	0.097350	0.097350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	416,380	1,477,160	1,893,540	0.314968	0.314968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,507,067	12,248,649	32,755,716	0.291853	0.291853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,312,420	11,554,479	22,866,899	0.678145	0.678145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,961,478	9,970,620	34,932,098	0.286820	0.286820	73.00
76.00	03630	ULTRA SOUND	2,612,530	5,119,187	7,731,717	0.135617	0.135617	76.00
76.01	03951	PAIN CLINIC	51,530	11,904,178	11,955,708	0.180865	0.180865	76.01
76.02	03952	CATH LAB	19,417,414	36,850,929	56,268,343	0.074753	0.074753	76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,143,880	2,317,060	5,460,940	0.762183	0.762183	76.03
76.04	03954	WOUND CARE CENTER	29,030	2,276,139	2,305,169	0.439232	0.439232	76.04
76.05	03340	BARIATRIC CLINIC	220	663,530	663,750	1.557281	1.557281	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	12,719	1,221,441	1,234,160	0.705534	0.705534	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,315,616	45,317,141	62,632,757	0.171646	0.171646	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,089,611	7,051,298	11,140,909	0.538581	0.538581	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	275,693,864	321,831,416	597,525,280			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	275,693,864	321,831,416	597,525,280			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/23/2020 9:02 am
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
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
50.01	05001	OUTPATIENT SURGERY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03630	ULTRA SOUND	0.000000			76.00
76.01	03951	PAIN CLINIC	0.000000			76.01
76.02	03952	CATH LAB	0.000000			76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000			76.03
76.04	03954	WOUND CARE CENTER	0.000000			76.04
76.05	03340	BARIATRIC CLINIC	0.000000			76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000			76.06
76.07	03950	CV RESOURCE CENTER	0.000000			76.07
76.08	03955	ANTICOAGULATION CLINIC	0.000000			76.08
76.09	03956	LACTATION CLINIC	0.000000			76.09
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/23/2020 9:02 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,647,631	0	1,647,631	22,980	71.70	30.00
31.00	INTENSIVE CARE UNIT	385,535		385,535	2,989	128.98	31.00
32.00	CORONARY CARE UNIT	7,590		7,590	0	0.00	32.00
41.00	SUBPROVIDER - IRF	134,924	0	134,924	7,508	17.97	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (lines 30 through 199)	2,175,680		2,175,680	33,477		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	8,389	601,491				30.00
31.00	INTENSIVE CARE UNIT	1,162	149,875				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
41.00	SUBPROVIDER - IRF	4,937	88,718				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	14,488	840,084				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/23/2020 9:02 am		
				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	929,458	66,285,606	0.014022	8,058,667	112,999	50.00
50.01	05001	OUTPATIENT SURGERY	311,765	13,213,471	0.023594	2,065,648	48,737	50.01
51.00	05100	RECOVERY ROOM	127,847	7,388,180	0.017304	951,209	16,460	51.00
53.00	05300	ANESTHESIOLOGY	135,207	20,481,631	0.006601	2,607,088	17,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,280,777	51,781,360	0.024734	7,220,322	178,587	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	248,648	4,160,793	0.059760	1,019,630	60,933	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,196	19,658	1.078238	5,200	5,607	55.00
56.00	05600	RADIOISOTOPE	183,274	14,462,670	0.012672	698,060	8,846	56.00
60.00	06000	LABORATORY	127,649	48,318,576	0.002642	9,100,426	24,043	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43,221	2,295,640	0.018827	862,399	16,236	63.00
65.00	06500	RESPIRATORY THERAPY	110,792	13,914,423	0.007962	4,303,850	34,267	65.00
66.00	06600	PHYSICAL THERAPY	93,076	18,442,574	0.005047	798,992	4,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,841	4,112,524	0.002879	730,844	2,104	67.00
68.00	06800	SPEECH PATHOLOGY	7,849	2,108,244	0.003723	354,532	1,320	68.00
69.00	06900	ELECTROCARDIOLOGY	93,987	18,495,450	0.005082	3,132,059	15,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,065	1,893,540	0.050733	222,551	11,291	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,289	32,755,716	0.001016	6,707,122	6,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,513	22,866,899	0.002209	4,010,733	8,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,312	34,932,098	0.002442	10,307,913	25,172	73.00
76.00	03630	ULTRA SOUND	160,888	7,731,717	0.020809	1,225,489	25,501	76.00
76.01	03951	PAIN CLINIC	191,937	11,955,708	0.016054	12,943	208	76.01
76.02	03952	CATH LAB	737,257	56,268,343	0.013103	8,350,976	109,423	76.02
76.03	03953	ACTIVITY THERAPEUTIC	98,526	5,460,940	0.018042	19,349	349	76.03
76.04	03954	WOUND CARE CENTER	100,059	2,305,169	0.043406	10,388	451	76.04
76.05	03340	BARITRIC CLINIC	38,016	663,750	0.057275	199	11	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	1,253	0	0.000000	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	10,451	1,234,160	0.008468	1,469	12	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	467,428	62,632,757	0.007463	7,614,456	56,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	373,979	11,140,909	0.033568	2,258,357	75,809	92.00
200.00		Total (lines 50 through 199)	6,171,560	537,322,506		82,650,871	868,026	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/23/2020 9:02 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	22,980	0.00	8,389		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	2,989	0.00	1,162		31.00		
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0		32.00		
41.00	04100	SUBPROVIDER - IRF	0	0	7,508	0.00	4,937		41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00		
43.00	04300	NURSERY		0	0	0.00	0		43.00		
200.00		Total (lines 30 through 199)		0	33,477		14,488		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	66,285,606	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	13,213,471	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	7,388,180	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,481,631	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	51,781,360	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	4,160,793	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,658	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,462,670	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	48,318,576	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,295,640	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,914,423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,442,574	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,112,524	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,108,244	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,495,450	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,893,540	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	32,755,716	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,866,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,932,098	0.000000	73.00
76.00	03630	ULTRA SOUND	0	0	0	7,731,717	0.000000	76.00
76.01	03951	PAIN CLINIC	0	0	0	11,955,708	0.000000	76.01
76.02	03952	CATH LAB	0	0	0	56,268,343	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,460,940	0.000000	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,305,169	0.000000	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	663,750	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0	0	1,234,160	0.000000	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	62,632,757	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,140,909	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	537,322,506		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	8,058,667	0	8,371,678	0	50.00
50.01	05001	OUTPATIENT SURGERY		0.000000	2,065,648	0	2,074,872	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	951,209	0	845,912	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,607,088	0	3,081,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	7,220,322	0	10,032,108	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0.000000	1,019,630	0	381,278	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	5,200	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	698,060	0	5,089,162	0	56.00
60.00	06000	LABORATORY		0.000000	9,100,426	0	1,225,488	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	862,399	0	38,895	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,303,850	0	2,368,812	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	798,992	0	69,394	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	730,844	0	6,047	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	354,532	0	101,377	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,132,059	0	4,825,732	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	222,551	0	313,580	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	6,707,122	0	4,155,335	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,010,733	0	3,751,749	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	10,307,913	0	3,491,033	0	73.00
76.00	03630	ULTRA SOUND		0.000000	1,225,489	0	1,540,704	0	76.00
76.01	03951	PAIN CLINIC		0.000000	12,943	0	3,885,779	0	76.01
76.02	03952	CATH LAB		0.000000	8,350,976	0	16,358,517	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0.000000	19,349	0	95,695	0	76.03
76.04	03954	WOUND CARE CENTER		0.000000	10,388	0	1,034,645	0	76.04
76.05	03340	BARIATRIC CLINIC		0.000000	199	0	60,298	0	76.05
76.06	03030	HEALTHY LIVING CENTER		0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0.000000	1,469	0	795,919	0	76.08
76.09	03956	LACTATION CLINIC		0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	7,614,456	0	8,210,986	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	2,258,357	0	1,563,506	0	92.00
200.00		Total (lines 50 through 199)			82,650,871	0	83,769,859	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.080286	8,371,678	0	0	672,129	50.00
50.01	05001	OUTPATIENT SURGERY		0.305427	2,074,872	0	0	633,722	50.01
51.00	05100	RECOVERY ROOM		0.169971	845,912	0	0	143,781	51.00
53.00	05300	ANESTHESIOLOGY		0.180582	3,081,358	0	0	556,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.105598	10,032,108	0	0	1,059,371	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0.230257	381,278	0	0	87,792	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.162580	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.093649	5,089,162	0	0	476,595	56.00
60.00	06000	LABORATORY		0.143773	1,225,488	0	0	176,192	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.092139	38,895	0	0	3,584	63.00
65.00	06500	RESPIRATORY THERAPY		0.184689	2,368,812	0	0	437,494	65.00
66.00	06600	PHYSICAL THERAPY		0.644327	69,394	0	0	44,712	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.203245	6,047	0	0	1,229	67.00
68.00	06800	SPEECH PATHOLOGY		0.260348	101,377	0	0	26,393	68.00
69.00	06900	ELECTROCARDIOLOGY		0.097350	4,825,732	0	0	469,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.314968	313,580	0	0	98,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.291853	4,155,335	0	0	1,212,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.678145	3,751,749	0	0	2,544,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.286820	3,491,033	0	42,585	1,001,298	73.00
76.00	03630	ULTRA SOUND		0.135617	1,540,704	0	0	208,946	76.00
76.01	03951	PAIN CLINIC		0.180865	3,885,779	0	0	702,801	76.01
76.02	03952	CATH LAB		0.074753	16,358,517	0	0	1,222,848	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0.762183	95,695	0	0	72,937	76.03
76.04	03954	WOUND CARE CENTER		0.439232	1,034,645	0	0	454,449	76.04
76.05	03340	BARIATRIC CLINIC		1.557281	60,298	0	0	93,901	76.05
76.06	03030	HEALTHY LIVING CENTER		0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0.705534	795,919	0	0	561,548	76.08
76.09	03956	LACTATION CLINIC		0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.171646	8,210,986	0	0	1,409,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.538581	1,563,506	0	0	842,075	92.00
200.00		Subtotal (see instructions)			83,769,859	0	42,585	15,215,148	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			83,769,859	0	42,585	15,215,148	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OUTPATIENT SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,214		73.00
76.00	03630	ULTRA SOUND	0	0		76.00
76.01	03951	PAIN CLINIC	0	0		76.01
76.02	03952	CATH LAB	0	0		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0		76.03
76.04	03954	WOUND CARE CENTER	0	0		76.04
76.05	03340	BARIATRIC CLINIC	0	0		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0		76.06
76.07	03950	CV RESOURCE CENTER	0	0		76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0		76.08
76.09	03956	LACTATION CLINIC	0	0		76.09
OUTPATIENT SERVICE COST CENTERS						
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	12,214		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	12,214		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 7/23/2020 9:02 am	
				Component CCN: 15-T090			
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	929,458	66,285,606	0.014022	75,080	1,053
50.01	05001	OUTPATIENT SURGERY	311,765	13,213,471	0.023594	3,500	83
51.00	05100	RECOVERY ROOM	127,847	7,388,180	0.017304	11,130	193
53.00	05300	ANESTHESIOLOGY	135,207	20,481,631	0.006601	15,350	101
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,280,777	51,781,360	0.024734	249,920	6,182
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	248,648	4,160,793	0.059760	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	21,196	19,658	1.078238	1,860	2,006
56.00	05600	RADIOISOTOPE	183,274	14,462,670	0.012672	4,650	59
60.00	06000	LABORATORY	127,649	48,318,576	0.002642	769,363	2,033
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43,221	2,295,640	0.018827	19,140	360
65.00	06500	RESPIRATORY THERAPY	110,792	13,914,423	0.007962	663,110	5,280
66.00	06600	PHYSICAL THERAPY	93,076	18,442,574	0.005047	2,901,870	14,646
67.00	06700	OCCUPATIONAL THERAPY	11,841	4,112,524	0.002879	2,988,300	8,603
68.00	06800	SPEECH PATHOLOGY	7,849	2,108,244	0.003723	972,530	3,621
69.00	06900	ELECTROCARDIOLOGY	93,987	18,495,450	0.005082	70,020	356
70.00	07000	ELECTROENCEPHALOGRAPHY	96,065	1,893,540	0.050733	10,560	536
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,289	32,755,716	0.001016	678,634	689
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,513	22,866,899	0.002209	15,118	33
73.00	07300	DRUGS CHARGED TO PATIENTS	85,312	34,932,098	0.002442	1,171,171	2,860
76.00	03630	ULTRA SOUND	160,888	7,731,717	0.020809	59,900	1,246
76.01	03951	PAIN CLINIC	191,937	11,955,708	0.016054	0	0
76.02	03952	CATH LAB	737,257	56,268,343	0.013103	0	0
76.03	03953	ACTIVITY THERAPEUTIC	98,526	5,460,940	0.018042	0	0
76.04	03954	WOUND CARE CENTER	100,059	2,305,169	0.043406	0	0
76.05	03340	BARIATRIC CLINIC	38,016	663,750	0.057275	0	0
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0
76.07	03950	CV RESOURCE CENTER	1,253	0	0.000000	0	0
76.08	03955	ANTICOAGULATION CLINIC	10,451	1,234,160	0.008468	11,250	95
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	467,428	62,632,757	0.007463	252,600	1,885
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,140,909	0.000000	0	0
200.00		Total (lines 50 through 199)	5,797,581	537,322,506		10,945,056	51,920

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND		0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC		0	0	0	0	0	76.01
76.02	03952	CATH LAB		0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER		0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC		0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER		0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC		0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	66,285,606	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY		0	0	0	13,213,471	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	7,388,180	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,481,631	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	51,781,360	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0	0	0	4,160,793	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	19,658	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	14,462,670	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	48,318,576	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,295,640	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,914,423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	18,442,574	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,112,524	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,108,244	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	18,495,450	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,893,540	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	32,755,716	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,866,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	34,932,098	0.000000	73.00
76.00	03630	ULTRA SOUND		0	0	0	7,731,717	0.000000	76.00
76.01	03951	PAIN CLINIC		0	0	0	11,955,708	0.000000	76.01
76.02	03952	CATH LAB		0	0	0	56,268,343	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0	0	0	5,460,940	0.000000	76.03
76.04	03954	WOUND CARE CENTER		0	0	0	2,305,169	0.000000	76.04
76.05	03340	BARIATRIC CLINIC		0	0	0	663,750	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER		0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER		0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC		0	0	0	1,234,160	0.000000	76.08
76.09	03956	LACTATION CLINIC		0	0	0	0	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	62,632,757	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	11,140,909	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	537,322,506		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	75,080	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY		0.000000	3,500	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	11,130	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	15,350	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	249,920	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	1,860	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	4,650	0	0	0	56.00
60.00	06000	LABORATORY		0.000000	769,363	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	19,140	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	663,110	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,901,870	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	2,988,300	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	972,530	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	70,020	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	10,560	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	678,634	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	15,118	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,171,171	0	0	0	73.00
76.00	03630	ULTRA SOUND		0.000000	59,900	0	0	0	76.00
76.01	03951	PAIN CLINIC		0.000000	0	0	0	0	76.01
76.02	03952	CATH LAB		0.000000	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0.000000	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER		0.000000	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC		0.000000	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER		0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0.000000	11,250	0	0	0	76.08
76.09	03956	LACTATION CLINIC		0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	252,600	0	261	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			10,945,056	0	261	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0090

Period:

Worksheet D

Component CCN: 15-T090

From 01/01/2019

Part V

To 12/31/2019

Date/Time Prepared:
7/23/2020 9:02 am

Title XVIII

Subprovider -
IRF

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	0.080286	0	0	0	0 50.00
50.01	05001 OUTPATIENT SURGERY	0.305427	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.169971	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.180582	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105598	0	0	0	0 54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.230257	0	0	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.162580	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.093649	0	0	0	0 56.00
60.00	06000 LABORATORY	0.143773	0	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.092139	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.184689	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.644327	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.203245	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.260348	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.097350	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.314968	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.678145	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286820	0	0	601	0 73.00
76.00	03630 ULTRA SOUND	0.135617	0	0	0	0 76.00
76.01	03951 PAIN CLINIC	0.180865	0	0	0	0 76.01
76.02	03952 CATH LAB	0.074753	0	0	0	0 76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.762183	0	0	0	0 76.03
76.04	03954 WOUND CARE CENTER	0.439232	0	0	0	0 76.04
76.05	03340 BARIATRIC CLINIC	1.557281	0	0	0	0 76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0 76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	0	0 76.07
76.08	03955 ANTICOAGULATION CLINIC	0.705534	0	0	0	0 76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	0	0 76.09
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.171646	261	0	0	45 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.538581	0	0	0	0 92.00
200.00	Subtotal (see instructions)		261	0	601	45 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		261	0	601	45 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	OUTPATIENT SURGERY	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	172					73.00
76.00	03630	ULTRA SOUND	0	0					76.00
76.01	03951	PAIN CLINIC	0	0					76.01
76.02	03952	CATH LAB	0	0					76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0					76.03
76.04	03954	WOUND CARE CENTER	0	0					76.04
76.05	03340	BARIATRIC CLINIC	0	0					76.05
76.06	03030	HEALTHY LIVING CENTER	0	0					76.06
76.07	03950	CV RESOURCE CENTER	0	0					76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0					76.08
76.09	03956	LACTATION CLINIC	0	0					76.09
OUTPATIENT SERVICE COST CENTERS									
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	172					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	172					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am	
				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		0.080286	4,927,297	0	0	395,593	50.00
50.01	05001	OUTPATIENT SURGERY		0.305427	763,070	0	0	233,062	50.01
51.00	05100	RECOVERY ROOM		0.169971	587,759	0	0	99,902	51.00
53.00	05300	ANESTHESIOLOGY		0.180582	1,383,255	0	0	249,791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.105598	6,075,357	0	0	641,546	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0.230257	91,516	0	0	21,072	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.162580	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.093649	892,160	0	0	83,550	56.00
60.00	06000	LABORATORY		0.143773	4,432,158	0	0	637,225	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.092139	82,919	0	0	7,640	63.00
65.00	06500	RESPIRATORY THERAPY		0.184689	387,812	0	0	71,625	65.00
66.00	06600	PHYSICAL THERAPY		0.644327	4,351,427	0	0	2,803,742	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.203245	16,575	0	0	3,369	67.00
68.00	06800	SPEECH PATHOLOGY		0.260348	177,530	0	0	46,220	68.00
69.00	06900	ELECTROCARDIOLOGY		0.097350	1,048,573	0	0	102,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.314968	244,326	0	0	76,955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.291853	1,019,179	0	0	297,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.678145	1,440,860	0	0	977,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.286820	1,266,599	0	0	363,286	73.00
76.00	03630	ULTRA SOUND		0.135617	811,622	0	0	110,070	76.00
76.01	03951	PAIN CLINIC		0.180865	1,171,790	0	0	211,936	76.01
76.02	03952	CATH LAB		0.074753	1,160,749	0	0	86,769	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0.762183	66,550	0	0	50,723	76.03
76.04	03954	WOUND CARE CENTER		0.439232	92,210	0	0	40,502	76.04
76.05	03340	BARIATRIC CLINIC		1.557281	156,030	0	0	242,983	76.05
76.06	03030	HEALTHY LIVING CENTER		0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0.705534	15,160	0	0	10,696	76.08
76.09	03956	LACTATION CLINIC		0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.171646	14,870,154	0	0	2,552,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.538581	1,378,195	0	0	742,270	92.00
200.00		Subtotal (see instructions)			48,910,832	0	0	11,159,570	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)			48,910,832	0	0	11,159,570	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am	
				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	0					
50.01	05001	OUTPATIENT SURGERY	0	0					
51.00	05100	RECOVERY ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
56.00	05600	RADIOISOTOPE	0	0					
60.00	06000	LABORATORY	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					
76.00	03630	ULTRA SOUND	0	0					
76.01	03951	PAIN CLINIC	0	0					
76.02	03952	CATH LAB	0	0					
76.03	03953	ACTIVITY THERAPEUTIC	0	0					
76.04	03954	WOUND CARE CENTER	0	0					
76.05	03340	BARIATRIC CLINIC	0	0					
76.06	03030	HEALTHY LIVING CENTER	0	0					
76.07	03950	CV RESOURCE CENTER	0	0					
76.08	03955	ANTICOAGULATION CLINIC	0	0					
76.09	03956	LACTATION CLINIC	0	0					
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
200.00		Subtotal (see instructions)	0	0					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	0					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 7/23/2020 9:02 am		
				Title XIX		Subprovider - IRF		TEFRA		
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
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	929,458	66,285,606	0.014022	0	0	50.00		
50.01	05001	OUTPATIENT SURGERY	311,765	13,213,471	0.023594	0	0	50.01		
51.00	05100	RECOVERY ROOM	127,847	7,388,180	0.017304	0	0	51.00		
53.00	05300	ANESTHESIOLOGY	135,207	20,481,631	0.006601	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,280,777	51,781,360	0.024734	0	0	54.00		
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	248,648	4,160,793	0.059760	0	0	54.01		
55.00	05500	RADIOLOGY-THERAPEUTIC	21,196	19,658	1.078238	0	0	55.00		
56.00	05600	RADIOISOTOPE	183,274	14,462,670	0.012672	0	0	56.00		
60.00	06000	LABORATORY	127,649	48,318,576	0.002642	0	0	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	43,221	2,295,640	0.018827	0	0	63.00		
65.00	06500	RESPIRATORY THERAPY	110,792	13,914,423	0.007962	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	93,076	18,442,574	0.005047	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	11,841	4,112,524	0.002879	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	7,849	2,108,244	0.003723	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	93,987	18,495,450	0.005082	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	96,065	1,893,540	0.050733	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,289	32,755,716	0.001016	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,513	22,866,899	0.002209	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	85,312	34,932,098	0.002442	0	0	73.00		
76.00	03630	ULTRA SOUND	160,888	7,731,717	0.020809	0	0	76.00		
76.01	03951	PAIN CLINIC	191,937	11,955,708	0.016054	0	0	76.01		
76.02	03952	CATH LAB	737,257	56,268,343	0.013103	0	0	76.02		
76.03	03953	ACTIVITY THERAPEUTIC	98,526	5,460,940	0.018042	0	0	76.03		
76.04	03954	WOUND CARE CENTER	100,059	2,305,169	0.043406	0	0	76.04		
76.05	03340	BARIATRIC CLINIC	38,016	663,750	0.057275	0	0	76.05		
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06		
76.07	03950	CV RESOURCE CENTER	1,253	0	0.000000	0	0	76.07		
76.08	03955	ANTICOAGULATION CLINIC	10,451	1,234,160	0.008468	0	0	76.08		
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09		
	OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	467,428	62,632,757	0.007463	600	4	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,140,909	0.000000	0	0	92.00		
200.00		Total (lines 50 through 199)	5,797,581	537,322,506		600	4	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND		0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC		0	0	0	0	0	76.01
76.02	03952	CATH LAB		0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER		0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC		0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER		0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC		0	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	66,285,606	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY		0	0	0	13,213,471	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	7,388,180	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,481,631	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	51,781,360	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0	0	0	4,160,793	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	19,658	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	14,462,670	0.000000	56.00
60.00	06000	LABORATORY		0	0	0	48,318,576	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	2,295,640	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,914,423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	18,442,574	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,112,524	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,108,244	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	18,495,450	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,893,540	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	32,755,716	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	22,866,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	34,932,098	0.000000	73.00
76.00	03630	ULTRA SOUND		0	0	0	7,731,717	0.000000	76.00
76.01	03951	PAIN CLINIC		0	0	0	11,955,708	0.000000	76.01
76.02	03952	CATH LAB		0	0	0	56,268,343	0.000000	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0	0	0	5,460,940	0.000000	76.03
76.04	03954	WOUND CARE CENTER		0	0	0	2,305,169	0.000000	76.04
76.05	03340	BARIATRIC CLINIC		0	0	0	663,750	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER		0	0	0	0	0.000000	76.06
76.07	03950	CV RESOURCE CENTER		0	0	0	0	0.000000	76.07
76.08	03955	ANTICOAGULATION CLINIC		0	0	0	1,234,160	0.000000	76.08
76.09	03956	LACTATION CLINIC		0	0	0	0	0.000000	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	62,632,757	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	11,140,909	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	537,322,506		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/23/2020 9:02 am	
				Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY		0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES		0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	802,199	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	270	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	8,010	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
76.00	03630	ULTRA SOUND		0.000000	0	0	0	0	76.00
76.01	03951	PAIN CLINIC		0.000000	0	0	0	0	76.01
76.02	03952	CATH LAB		0.000000	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC		0.000000	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER		0.000000	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC		0.000000	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER		0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER		0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC		0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	600	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			600	0	810,479	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am	
			Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.080286	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.305427	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.169971	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.180582	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105598	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.230257	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.162580	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.093649	0	0	0	0	56.00
60.00	06000	LABORATORY	0.143773	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.092139	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.184689	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.644327	802,199	0	0	516,878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203245	270	0	0	55	67.00
68.00	06800	SPEECH PATHOLOGY	0.260348	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097350	8,010	0	0	780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314968	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.678145	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286820	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0.135617	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.180865	0	0	0	0	76.01
76.02	03952	CATH LAB	0.074753	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.762183	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.439232	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	1.557281	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.705534	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.171646	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.538581	0	0	0	0	92.00
200.00		Subtotal (see instructions)		810,479	0	0	517,713	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		810,479	0	0	517,713	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/23/2020 9:02 am		
			Title XIX		Subprovider - IRF		TEFRA		
	Cost Center Description	Costs							
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
		6.00	7.00						
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	OUTPATIENT SURGERY	0	0					50.01
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
60.00	06000	LABORATORY	0	0					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
76.00	03630	ULTRA SOUND	0	0					76.00
76.01	03951	PAIN CLINIC	0	0					76.01
76.02	03952	CATH LAB	0	0					76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0					76.03
76.04	03954	WOUND CARE CENTER	0	0					76.04
76.05	03340	BARIATRIC CLINIC	0	0					76.05
76.06	03030	HEALTHY LIVING CENTER	0	0					76.06
76.07	03950	CV RESOURCE CENTER	0	0					76.07
76.08	03955	ANTICOAGULATION CLINIC	0	0					76.08
76.09	03956	LACTATION CLINIC	0	0					76.09
	OUTPATIENT SERVICE COST CENTERS								
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	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,980	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,980	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)		17,764	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)		8,389	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)		26,435,359	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)		26,435,359	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)		26,435,359	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)		1,150.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,650,370	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,650,370	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0090

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

Worksheet D-1

Date/Time Prepared:
7/23/2020 9:02 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,807,635	2,989	1,943.00	1,162	2,257,766
44.00	CORONARY CARE UNIT	60,512	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0090

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

Worksheet D-1

Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,647,631	26,435,359	0.062327	6,000,278	373,979
91.00	Nursing School cost	0	26,435,359	0.000000	6,000,278	0
92.00	Allied health cost	0	26,435,359	0.000000	6,000,278	0
93.00	All other Medical Education	0	26,435,359	0.000000	6,000,278	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,508	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,508	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,508	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)		4,937	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)		7,275,166	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)		7,275,166	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)		7,275,166	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)		968.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,783,904	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)		4,783,904	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-T090		Date/Time Prepared: 7/23/2020 9:02 am	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
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)					3,618,064	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,401,968	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)					88,718	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51,920	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					140,638	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,261,330	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/23/2020 9:02 am
			Title XVIII		Subprovider - IRF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	134,924	7,275,166	0.018546	0	0	90.00
91.00	Nursing School cost	0	7,275,166	0.000000	0	0	91.00
92.00	Allied health cost	0	7,275,166	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,275,166	0.000000	0	0	93.00

Health Financial Systems		FRANCISCAN HEALTH- DYER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
		Component CCN: 15-T090		Date/Time Prepared: 7/23/2020 9:02 am	
		Title XIX	Subprovider - IRF	TEFRA	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,508	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,508	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,508	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)			644	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)			7,275,166	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)			7,275,166	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)			7,275,166	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)			968.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			624,030	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)			624,030	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-T090		Date/Time Prepared: 7/23/2020 9:02 am	
				Title XIX		Subprovider - IRF	TEFRA
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
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)					103	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					624,133	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)					4	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					624,129	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					57	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)					-624,129	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)					4	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0090

Period:

Worksheet D-1

Component CCN: 15-T090

From 01/01/2019
To 12/31/2019Date/Time Prepared:
7/23/2020 9:02 am

Title XIX

Subprovider -
IRF

TEFRA

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,275,166	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,275,166	0.000000	0	0	91.00
92.00	Allied health cost	0	7,275,166	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,275,166	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 9:02 am
Cost Center Description			Title XVIII	Hospital	PPS
			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		15,204,636	30.00
31.00	03100	INTENSIVE CARE UNIT		5,044,646	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
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	0.080323	8,058,667	50.00
50.01	05001	OUTPATIENT SURGERY	0.305488	2,065,648	50.01
51.00	05100	RECOVERY ROOM	0.169971	951,209	51.00
53.00	05300	ANESTHESIOLOGY	0.180582	2,607,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105598	7,220,322	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.230257	1,019,630	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.162580	5,200	55.00
56.00	05600	RADIOISOTOPE	0.093649	698,060	56.00
60.00	06000	LABORATORY	0.143934	9,100,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.092139	862,399	63.00
65.00	06500	RESPIRATORY THERAPY	0.184808	4,303,850	65.00
66.00	06600	PHYSICAL THERAPY	0.644327	798,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203245	730,844	67.00
68.00	06800	SPEECH PATHOLOGY	0.260348	354,532	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097350	3,132,059	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314968	222,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	6,707,122	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.678145	4,010,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286820	10,307,913	73.00
76.00	03630	ULTRA SOUND	0.135617	1,225,489	76.00
76.01	03951	PAIN CLINIC	0.180865	12,943	76.01
76.02	03952	CATH LAB	0.074753	8,350,976	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.762183	19,349	76.03
76.04	03954	WOUND CARE CENTER	0.439743	10,388	76.04
76.05	03340	BARIATRIC CLINIC	1.557281	199	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	ANTICOAGULATION CLINIC	0.706605	1,469	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.171713	7,614,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.538581	2,258,357	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		82,650,871	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)		82,650,871	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 9:02 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		7,414,444		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.080323	75,080	6,031	50.00
50.01	05001 OUTPATIENT SURGERY	0.305488	3,500	1,069	50.01
51.00	05100 RECOVERY ROOM	0.169971	11,130	1,892	51.00
53.00	05300 ANESTHESIOLOGY	0.180582	15,350	2,772	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105598	249,920	26,391	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.230257	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.162580	1,860	302	55.00
56.00	05600 RADIOISOTOPE	0.093649	4,650	435	56.00
60.00	06000 LABORATORY	0.143934	769,363	110,737	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.092139	19,140	1,764	63.00
65.00	06500 RESPIRATORY THERAPY	0.184808	663,110	122,548	65.00
66.00	06600 PHYSICAL THERAPY	0.644327	2,901,870	1,869,753	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.203245	2,988,300	607,357	67.00
68.00	06800 SPEECH PATHOLOGY	0.260348	972,530	253,196	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097350	70,020	6,816	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.314968	10,560	3,326	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	678,634	198,061	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.678145	15,118	10,252	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286820	1,171,171	335,915	73.00
76.00	03630 ULTRA SOUND	0.135617	59,900	8,123	76.00
76.01	03951 PAIN CLINIC	0.180865	0	0	76.01
76.02	03952 CATH LAB	0.074753	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.762183	0	0	76.03
76.04	03954 WOUND CARE CENTER	0.439743	0	0	76.04
76.05	03340 BARIATRIC CLINIC	1.557281	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955 ANTICOAGULATION CLINIC	0.706605	11,250	7,949	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.171713	252,600	43,375	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.538581	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,945,056	3,618,064	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)		10,945,056		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 9:02 am
			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		4,406,998	30.00
31.00	03100	INTENSIVE CARE UNIT		1,923,908	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.080286	3,931,810	315,669 50.00
50.01	05001	OUTPATIENT SURGERY	0.305427	460,389	140,615 50.01
51.00	05100	RECOVERY ROOM	0.169971	387,949	65,940 51.00
53.00	05300	ANESTHESIOLOGY	0.180582	968,165	174,833 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105598	2,110,457	222,860 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.230257	349,540	80,484 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.162580	0	0 55.00
56.00	05600	RADIOISOTOPE	0.093649	152,470	14,279 56.00
60.00	06000	LABORATORY	0.143773	3,531,461	507,729 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.092139	238,507	21,976 63.00
65.00	06500	RESPIRATORY THERAPY	0.184689	1,187,893	219,391 65.00
66.00	06600	PHYSICAL THERAPY	0.644327	225,318	145,178 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.203245	225,609	45,854 67.00
68.00	06800	SPEECH PATHOLOGY	0.260348	80,560	20,974 68.00
69.00	06900	ELECTROCARDIOLOGY	0.097350	794,796	77,373 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.314968	60,240	18,974 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	2,816,436	821,985 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.678145	895,457	607,250 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.286820	4,110,310	1,178,919 73.00
76.00	03630	ULTRA SOUND	0.135617	340,613	46,193 76.00
76.01	03951	PAIN CLINIC	0.180865	5,360	969 76.01
76.02	03952	CATH LAB	0.074753	1,757,800	131,401 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.762183	1,379,379	1,051,339 76.03
76.04	03954	WOUND CARE CENTER	0.439232	400	176 76.04
76.05	03340	BARIATRIC CLINIC	1.557281	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0 76.07
76.08	03955	ANTICOAGULATION CLINIC	0.705534	0	0 76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0 76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.171646	1,913,512	328,447 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.538581	395,210	212,853 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,319,641	6,451,661 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		28,319,641	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/23/2020 9:02 am	
		Title XIX	Subprovider - IRF	TEFRA	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		280,500		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.080286	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.305427	0	0	50.01
51.00	05100 RECOVERY ROOM	0.169971	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.180582	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105598	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.230257	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.162580	0	0	55.00
56.00	05600 RADIOISOTOPE	0.093649	0	0	56.00
60.00	06000 LABORATORY	0.143773	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.092139	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.184689	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.644327	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.203245	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.260348	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097350	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.314968	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.291853	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.678145	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.286820	0	0	73.00
76.00	03630 ULTRA SOUND	0.135617	0	0	76.00
76.01	03951 PAIN CLINIC	0.180865	0	0	76.01
76.02	03952 CATH LAB	0.074753	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.762183	0	0	76.03
76.04	03954 WOUND CARE CENTER	0.439232	0	0	76.04
76.05	03340 BARIATRIC CLINIC	1.557281	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955 ANTICOAGULATION CLINIC	0.705534	0	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	76.09
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.171646	600	103	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.538581	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		600	103	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)		600		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 9:02 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			14,431,905	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			4,934,750	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)			673,439	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			67,659	2.04
3.00	Managed Care Simulated Payments			6,958,303	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			111.71	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)			7.80	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)			0.89	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			1.75	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)			8.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.66	10.00
11.00	FTE count for residents in dental and podiatric programs.			2.41	11.00
12.00	Current year allowable FTE (see instructions)			7.07	12.00
13.00	Total allowable FTE count for the prior year.			8.67	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.			10.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.			8.73	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			8.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.078149	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.085318	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.078149	21.00
22.00	IME payment adjustment (see instructions)			809,023	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			290,676	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)			-4.00	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)			809,023	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			290,676	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)			12.86	31.00
32.00	Sum of lines 30 and 31			15.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)			3.14	33.00
34.00	Disproportionate share adjustment (see instructions)			152,029	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000289957	0.000154997
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,398,775	1,294,322
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,794,152	325,349
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,119,501	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.0000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		23,188,306	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		23,478,982	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,736,139	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		334,578	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,549,699	59.00
60.00	Primary payer payments		5,000	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,544,699	61.00
62.00	Deductibles billed to program beneficiaries		1,830,008	62.00
63.00	Coinurance billed to program beneficiaries		182,088	63.00
64.00	Allowable bad debts (see instructions)		314,393	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		204,355	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		150,777	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,736,958	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-88,520	70.93
70.94	HRR adjustment amount (see instructions)		-128,621	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,519,817	71.00
71.01	Sequestration adjustment (see instructions)		470,396	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		23,123,961	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)		-74,540	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		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2020 9:02 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,431,905	0	14,431,905		14,431,905	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,934,750	0		4,934,749	4,934,749	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	673,439	0	673,439		673,439	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,659	0		67,659	67,659	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,958,303	0	5,149,495	1,808,808	6,958,303	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078149	0.078149	0.078149	0.078149		5.00
6.00	IME payment adjustment (see instructions)	22.00	809,023	0	602,879	206,144	809,023	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	290,676	0	215,115	75,561	290,676	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	809,023	0	602,879	206,144	809,023	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	290,676	0	215,115	75,561	290,676	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0314	0.0314	0.0314	0.0314		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	152,029	0	113,291	38,738	152,029	11.00
11.01	Uncompensated care payments	36.00	2,119,501	0	1,138,045	216,350	1,354,395	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,188,306	0	17,724,666	5,463,640	23,188,306	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	23,478,982	0	17,939,781	5,539,201	23,478,982	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,736,139	0	1,311,273	424,866	1,736,139	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2020 9:02 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	19,251,054	5,964,067	25,215,121
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,567,784	0	1,174,214	393,570	1,567,784
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	47,322	0	46,409	913	47,322
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0443	0.0443	0.0443	0.0443	
23.00	Indirect medical education adjustment (see instructions)	6.00	69,453	0	52,018	17,435	69,453
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0329	0.0329	0.0329	0.0329	
25.00	Disproportionate share adjustment (see instructions)	11.00	51,580	0	38,632	12,948	51,580
26.00	Total prospective capital payments (see instructions)	12.00	1,736,139	0	1,311,273	424,866	1,736,139
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 9:02 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	14,431,905	14,431,905		14,431,905	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,934,750		4,934,750	4,934,750	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	673,439	673,439		673,439	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,659		67,659	67,659	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,958,303	5,149,495	1,808,808	6,958,303	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.078149	0.078149	0.078149		5.00
6.00	IME payment adjustment (see instructions)	22.00	809,023	602,879	206,144	809,023	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	290,676	215,115	75,561	290,676	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	809,023	602,879	206,144	809,023	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	290,676	215,115	75,561	290,676	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0314	0.0314	0.0314		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	152,029	113,291	38,738	152,029	11.00
11.01	Uncompensated care payments	36.00	2,119,501	641,993	604,623	1,246,616	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,188,306	17,336,392	5,851,914	23,188,306	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	23,478,982	17,551,507	5,927,475	23,478,982	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,736,139	1,311,273	424,866	1,736,139	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			18,862,780	6,352,341	25,215,121	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2020 9:02 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,567,784	1,174,214	393,570	1,567,784	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	47,322	46,409	913	47,322	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0443	0.0443	0.0443		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	69,453	52,018	17,435	69,453	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0329	0.0329	0.0329		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	51,580	38,632	12,948	51,580	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,736,139	1,311,273	424,866	1,736,139	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-88,520	-58,083	-30,437	-88,520	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-128,621	-102,466	-26,155	-128,621	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,214	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,215,148	2.00
3.00	OPPS payments		12,737,042	3.00
4.00	Outlier payment (see instructions)		82,038	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,214	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		42,585	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)		42,585	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)		42,585	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30,371	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)		12,214	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)		12,819,080	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,268,577	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)		10,562,717	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		135,636	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)		10,698,353	30.00
31.00	Primary payer payments		2,701	31.00
32.00	Subtotal (line 30 minus line 31)		10,695,652	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)		323,704	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		210,408	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,176	36.00
37.00	Subtotal (see instructions)		10,906,060	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-156	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)		10,906,216	40.00
40.01	Sequestration adjustment (see instructions)		218,124	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		10,701,194	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)		-13,102	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		172	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45	2.00
3.00	OPPS payments		331	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		172	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		601	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)		601	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 charge basis 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)		601	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		429	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)		172	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)		331	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		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)		503	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)		503	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		503	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		503	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)		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)		503	40.00
40.01	Sequestration adjustment (see instructions)		10	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		442	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)		51	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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/23/2020 9:02 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,123,961		10,701,194	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)		23,123,961		10,701,194	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		74,540		13,102	6.02	
7.00	Total Medicare program liability (see instructions)		23,049,421		10,688,092	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090

Period:

Worksheet E-1

Component CCN: 15-T090

From 01/01/2019
To 12/31/2019Part I
Date/Time Prepared:
7/23/2020 9:02 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		8,588,322		442	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)		8,588,322		442	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		42,463		51	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,630,785		493	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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/23/2020 9:02 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			8,493,942 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0347 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			312,577 3.00
4.00	Outlier Payments			58,840 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			20.569863 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,865,359 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,865,359 17.00
18.00	Primary payer payments			10,092 18.00
19.00	Subtotal (line 17 less line 18).			8,855,267 19.00
20.00	Deductibles			35,416 20.00
21.00	Subtotal (line 19 minus line 20)			8,819,851 21.00
22.00	Coinsurance			17,654 22.00
23.00	Subtotal (line 21 minus line 22)			8,802,197 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,270 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,726 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,364 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,806,923 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,806,923 32.00
32.01	Sequestration adjustment (see instructions)			176,138 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			8,588,322 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			42,463 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			58,840 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2020 9:02 am
		Title XIX	Hospital	Cost
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	28,319,641	48,910,832	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	28,319,641	48,910,832	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	28,319,641	48,910,832	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	28,319,641	48,910,832	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	0		34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 7/23/2020 9:02 am
		Title XIX	Subprovider - IRF	TEFRA
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	4		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	600	810,479	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	600	810,479	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	600	810,479	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	596	810,479	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4	0	40.00
41.00	Interim payments	5	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-1	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 9:02 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.66	6.00
7.00	Enter the lesser of line 5 or line 6			4.66	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.41	3.92	4.33	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.41	3.92	4.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.41		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.41	6.33		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.59	7.31		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.89	9.05		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.63	7.56		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.63	7.56		17.00
18.00	Per resident amount	90,010.57	86,992.20		18.00
19.00	Approved amount for resident costs	56,707	657,661	714,368	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			714,368	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,488	4,791		26.00
27.00	Total Inpatient Days (see instructions)	28,261	28,261		27.00
28.00	Ratio of inpatient days to total inpatient days	0.512650	0.169527		28.00
29.00	Program direct GME amount	366,221	121,105	487,326	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		17,112	17,112	30.00
31.00	Net Program direct GME amount			470,214	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/23/2020 9:02 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			37,570,853	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			15,092	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			37,555,761	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,227,579	42.00
43.00	Primary payer payments (see instructions)			2,701	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,224,878	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			52,780,639	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.711544	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.288456	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			470,214	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			334,578	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			135,636	50.00

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

Provider CCN: 15-0090

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

Worksheet G

Date/Time Prepared:
7/23/2020 9:02 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	290,034,445	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	-82,492,363	0	0	0	4.00
5.00 Other receivable	2,890,835	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-6,253,324	0	0	0	6.00
7.00 Inventory	4,328,696	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	0	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)	208,508,289	0	0	0	11.00
FIXED ASSETS					
12.00 Land	346,472	0	0	0	12.00
13.00 Land improvements	9,701,677	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	68,407,983	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	178,989	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	164,422,782	0	0	0	23.00
24.00 Accumulated depreciation	-147,505,528	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)	95,552,375	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	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	540,522	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	540,522	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	304,601,186	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,160,329	0	0	0	37.00
38.00 Salaries, wages, and fees payable	6,910,314	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	563,000	0	0	0	43.00
44.00 Other current liabilities	1,546,237	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	15,179,880	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	59,343,099	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	59,343,099	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	74,522,979	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	230,078,207				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	230,078,207	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	304,601,186	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
7/23/2020 9:02 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		224,834,412		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,042,561				2.00
3.00	Total (sum of line 1 and line 2)		237,876,973		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)		237,876,973		0		11.00
12.00	EQUITY TRANSFERS	7,798,766		0		0	12.00
13.00	ROUNDING	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,798,766		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		230,078,207		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	EQUITY TRANSFERS		0				12.00
13.00	ROUNDING		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: 15-0090

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/23/2020 9:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,005,490		37,005,490	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	11,884,865		11,884,865	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)	48,890,355		48,890,355	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,312,419		11,312,419	11.00
12.00	CORONARY CARE UNIT	0		0	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)	11,312,419		11,312,419	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,202,774		60,202,774	17.00
18.00	Ancillary services	185,249,945	290,804,685	476,054,630	18.00
19.00	Outpatient services	21,405,227	52,368,439	73,773,666	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE COST CENTERS	8,055,200	10,114,584	18,169,784	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	274,913,146	353,287,708	628,200,854	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		167,995,658		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	ROUNDING	8			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)		8		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		167,995,650		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
7/23/2020 9:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	628,200,854	1.00
2.00	Less contractual allowances and discounts on patients' accounts	448,845,305	2.00
3.00	Net patient revenues (line 1 minus line 2)	179,355,549	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	167,995,650	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,359,899	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,947	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	995,694	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	457,735	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	1,000	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	86,768	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	92,850	20.00
21.00	Rental of vending machines	17,947	21.00
22.00	Rental of hospital space	58,106	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REV	-36,385	24.00
25.00	Total other income (sum of lines 6-24)	1,682,662	25.00
26.00	Total (line 5 plus line 25)	13,042,561	26.00
27.00	EQUITY TXFR-OTHR NON OPER REV-PPE CN	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,042,561	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/23/2020 9:02 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,567,784	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,322	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)		56.86	3.00
4.00	Number of interns & residents (see instructions)		8.73	4.00
5.00	Indirect medical education percentage (see instructions)		4.43	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)		69,453	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.86	8.00
9.00	Sum of lines 7 and 8		15.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.29	10.00
11.00	Disproportionate share adjustment (see instructions)		51,580	11.00
12.00	Total prospective capital payments (see instructions)		1,736,139	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