

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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 9/24/2019 11:54 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 9/24/2019 Time: 11:54 am
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 GENESIS MEDICAL CENTER - DAVENPORT (16-0033) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MARK ROGERS
 Officer or Administrator of Provider(s)

VICE PRESIDENT, FINANCE/CFO
 Title

09/24/2019 11:54:21 AM
 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	-100,084	-84,404	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-45,109	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-145,193	-84,404	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 11:54 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1227 EAST RUSHOLME			PO Box:				1.00			
2.00	City: DAVENPORT			State: IA		Zip Code: 52803-		County: SCOTT			
		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		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N
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)						07/01/2018	06/30/2019		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,042	544	227	190	13,198	0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	56	27	8	0	564		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.					Y		
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 §413.85? (see instructions)					N		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1
								60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0033

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From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00			
Section 5504 of the ACA 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.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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From 07/01/2018
To 06/30/2019Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	2.87	14.11	0.169022	67.00
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	76.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 11:54 am				
				1.00				
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00			
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00			
			V	XIX				
			1.00	2.00				
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.06		
Rural Providers								
105.00	Does this hospital qualify as a CAH?			N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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	109.00
						1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 11:54 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	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	374,695	0	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H55790	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/24/2019 11:54 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: GENESIS HEALTH SYSTEM		Contractor's Name: WPS		Contractor's Number: 05001				141.00
142.00	Street: 1227 EAST RUSHOLME STREET		PO Box:						142.00
143.00	City: DAVENPORT		State: IA		Zip Code: 52803-2459		143.00		
									1.00
144.00	Are provider based physicians' costs included in Worksheet A?								Y
									1.00
									2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				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.								146.00
									1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
									1.00
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
									1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
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
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						10/01/2017	09/30/2018	170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/24/2019 11:54 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/01/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/19/2019	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: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/24/2019 11:54 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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		Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		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.	MARTY	ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175	ORWITZM@GENESISHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/24/2019 11:54 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.	REIMBURSEMENT DIRECTOR	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: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 11:54 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	246	89,790	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)		246	89,790	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
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)		295	107,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,410		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		329				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: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 11:54 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)	19,916	1,375	49,911			1.00
2.00	HMO and other (see instructions)	8,991	11,919				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	829	564				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)	19,916	1,375	49,911			7.00
8.00	INTENSIVE CARE UNIT	1,194	29	4,665			8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NICU	0	81	2,595			9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,797	3,582			13.00
14.00	Total (see instructions)	21,110	3,282	60,753	16.98	1,285.39	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,783	91	5,504	0.00	31.80	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				16.98	1,317.19	27.00
28.00	Observation Bed Days		204	8,189			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			778			30.00
31.00	Employee discount days - IRF			28			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: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/24/2019 11:54 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	5,567	4,161	15,494	1.00
2.00 HMO and other (see instructions)			2,039	3,700		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				175		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
9.01 NICU						9.01
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	5,567	4,161	15,494	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	247	8	473	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/24/2019 11:54 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	90,336,807	0	90,336,807	2,861,149.00	31.57
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)		1,170,936	0	1,170,936	36,770.00	31.84
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,860,716	94,032	1,954,748	72,524.00	26.95
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,178,805	0	4,178,805	64,630.00	64.66
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		828,089	0	828,089	8,090.00	102.36
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		31,355,972	0	31,355,972	688,019.00	45.57
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,891,578	0	18,891,578		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		412,299	0	412,299		
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)		5,574,231	0	5,574,231		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	6,720,929	-1,070,632	5,650,297	163,528.00	34.55

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/24/2019 11:54 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	1,495,190	0	1,495,190	6,536.00	228.76	28.00
29.00	Maintenance & Repairs	1,795,016	0	1,795,016	74,368.00	24.14	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	63,705	0	63,705	5,332.00	11.95	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,661,145	0	2,661,145	82,522.00	32.25	33.00
34.00	Dietary	10	0	10	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	650,148	0	650,148	30,683.00	21.19	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,214,668	0	1,214,668	47,681.00	25.47	38.00
39.00	Central Services and Supply	620,177	0	620,177	40,038.00	15.49	39.00
40.00	Pharmacy	5,247,814	0	5,247,814	123,710.00	42.42	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
9/24/2019 11:54 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)	93,972,354	0	93,972,354	2,944,120.00	31.92	1.00
2.00	Excluded area salaries (see instructions)	1,860,716	94,032	1,954,748	72,524.00	26.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,111,638	-94,032	92,017,606	2,871,596.00	32.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,362,866	0	36,362,866	760,739.00	47.80	4.00
5.00	Subtotal wage-related costs (see inst.)	24,465,809	0	24,465,809	0.00	26.59	5.00
6.00	Total (sum of lines 3 thru 5)	152,940,313	-94,032	152,846,281	3,632,335.00	42.08	6.00
7.00	Total overhead cost (see instructions)	20,468,802	-1,070,632	19,398,170	574,398.00	33.77	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
9/24/2019 11:54 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,381,580	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,046,771	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)	87,028	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,203,631	8.02
8.03	Health Insurance (Purchased)	216,988	8.03
9.00	Prescription Drug Plan	1,783,339	9.00
10.00	Dental, Hearing and Vision Plan	450,058	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	108,879	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)	363,843	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	839,313	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	6,526,051	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	175,525	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	184	22.00
23.00	Tuition Reimbursement	120,688	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,303,878	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
9/24/2019 11:54 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	4,178,805	19,303,878	1.00
2.00	Hospital	4,178,805	19,303,878	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 9/24/2019 11:54 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)		0.255419	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		45,718,462	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?		N	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		179,810,065	6.00
7.00	Medicaid cost (line 1 times line 6)		45,926,907	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)		208,445	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		46,764	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)		208,445	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)	9,141,244	0	9,141,244
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,334,847	0	2,334,847
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,334,847	0	2,334,847
				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)		18,905,702	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		338,735	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		521,131	27.01
28.00	Non-Medicare bad debt expense (see instructions)		18,384,571	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,878,165	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,213,012	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,421,457	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
9/24/2019 11:54 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		20,390,199	20,390,199	289,160	20,679,359	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,571,799	7,571,799	0	7,571,799	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	10,399,613	10,399,613	0	10,399,613	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5,688,100	74,781,636	80,469,736	-3,287,551	77,182,185	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	1,032,829	714,956	1,747,785	0	1,747,785	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	1,795,016	7,425,475	9,220,491	-2,025,287	7,195,204	6.00
6.01	00601	MOB I	0	0	0	-108,836	-108,836	6.01
6.02	00602	MOB II	0	0	0	-86,364	-86,364	6.02
6.03	00603	BETT MED PARK	0	0	0	-154,701	-154,701	6.03
6.04	00604	NW CLINICS	0	0	0	-23,626	-23,626	6.04
6.05	00605	CPMP I	0	0	0	-180,911	-180,911	6.05
6.06	00606	CPMP II	0	0	0	-121,803	-121,803	6.06
6.07	00607	BETT PLAZA	0	0	0	-203,987	-203,987	6.07
6.08	00608	HEART INSTITUTE	0	0	0	-192,348	-192,348	6.08
6.09	00609	53RD STREET	0	0	0	-80,473	-80,473	6.09
6.10	00610	ELDRIDGE	0	0	0	-46,257	-46,257	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	2,547,743	2,547,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	63,705	183,573	247,278	0	247,278	8.00
9.00	00900	HOUSEKEEPING	0	3,722,740	3,722,740	348,304	4,071,044	9.00
10.00	01000	DIETARY	10	2,744,114	2,744,124	-2,852,364	-108,240	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,214,668	443,891	1,658,559	0	1,658,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	620,177	946,533	1,566,710	0	1,566,710	14.00
15.00	01500	PHARMACY	5,247,814	1,146,291	6,394,105	0	6,394,105	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,972,172	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,767,861	6,238,807	31,006,668	-2,395,717	28,610,951	30.00
31.00	03100	INTENSIVE CARE UNIT	3,634,454	1,165,976	4,800,430	0	4,800,430	31.00
32.01	03201	NICU	1,304,833	206,986	1,511,819	0	1,511,819	32.01
41.00	04100	SUBPROVIDER - IRF	1,740,824	299,406	2,040,230	288,473	2,328,703	41.00
43.00	04300	NURSERY	0	0	0	2,395,717	2,395,717	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,282,376	8,275,652	14,558,028	0	14,558,028	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,576,769	15,174,837	20,751,606	0	20,751,606	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,581,456	13,350,545	15,932,001	0	15,932,001	55.00
57.00	05700	CT SCAN	757,064	640,353	1,397,417	0	1,397,417	57.00
58.00	05800	MRI	289,859	304,006	593,865	0	593,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,204,223	3,170,754	5,374,977	0	5,374,977	59.00
60.00	06000	LABORATORY	3,185,923	5,333,801	8,519,724	0	8,519,724	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,525,435	1,525,435	0	1,525,435	63.00
65.00	06500	RESPIRATORY THERAPY	1,769,345	475,907	2,245,252	0	2,245,252	65.00
66.00	06600	PHYSICAL THERAPY	10,349,276	2,822,249	13,171,525	-80,552	13,090,973	66.00
69.00	06900	ELECTROCARDIOLOGY	1,589,088	1,325,062	2,914,150	0	2,914,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	545,643	253,880	799,523	0	799,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	42,357,242	42,357,242	-21,740,536	20,616,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,740,536	21,740,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,843,336	14,843,336	0	14,843,336	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	38,503	2,965	41,468	0	41,468	90.01
90.02	09002	OP INSTITUTES	1,309,481	1,392,278	2,701,759	0	2,701,759	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	313,609	698,566	1,012,175	0	1,012,175	90.04
90.05	09005	PAIN MANAGEMENT	815,449	378,468	1,193,917	0	1,193,917	90.05
91.00	09100	EMERGENCY	5,498,560	2,946,314	8,444,874	0	8,444,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	90,216,915	253,653,645	343,870,560	-2,999,208	340,871,352	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,892	1,892	190.00
190.01	19001	AUXILIARY	0	28,348	28,348	44,131	72,479	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
9/24/2019 11:54 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	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	119,619	10,143	129,762	0	129,762	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	233,851	233,851	106,955	340,806	192.01
192.02	19202	FOUNDATION	273	21	294	3,136	3,430	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	3,914,774	3,914,774	45,468	3,960,242	192.04
192.05	19205	PHASE III REHAB	0	0	0	18,233	18,233	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,779,393	2,779,393	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	30	30	0	30	192.08
192.09	19209	RETAIL PHARMACY	0	114,305	114,305	0	114,305	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	90,336,807	257,955,117	348,291,924	0	348,291,924	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
9/24/2019 11:54 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	-8,666,196	12,013,163	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,571,799	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,323,380	6,076,233	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	-56,948,610	20,233,575	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	24,819,789	26,567,574	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	7,806,643	7,806,643	5.03
6.00	00600	MAINTENANCE & REPAIRS	-94,097	7,101,107	6.00
6.01	00601	MOB I	678,869	570,033	6.01
6.02	00602	MOB II	733,114	646,750	6.02
6.03	00603	BETT MED PARK	592,906	438,205	6.03
6.04	00604	NW CLINICS	257,003	233,377	6.04
6.05	00605	CPMP I	579,160	398,249	6.05
6.06	00606	CPMP II	716,303	594,500	6.06
6.07	00607	BETT PLAZA	963,045	759,058	6.07
6.08	00608	HEART INSTITUTE	1,283,998	1,091,650	6.08
6.09	00609	53RD STREET	305,592	225,119	6.09
6.10	00610	ELDRIDGE	247,510	201,253	6.10
7.00	00700	OPERATION OF PLANT	0	2,547,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-64,980	182,298	8.00
9.00	00900	HOUSEKEEPING	0	4,071,044	9.00
10.00	01000	DIETARY	0	-108,240	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-9,219	1,649,340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,757,473	4,324,183	14.00
15.00	01500	PHARMACY	-99,653	6,294,452	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,583,767	3,583,767	16.00
17.00	01700	SOCIAL SERVICE	248,107	248,107	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,972,172	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-100,280	28,510,671	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,800,430	31.00
32.01	03201	NICU	0	1,511,819	32.01
41.00	04100	SUBPROVIDER - IRF	0	2,328,703	41.00
43.00	04300	NURSERY	0	2,395,717	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,138,491	13,419,537	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,614,335	17,137,271	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-596,587	15,335,414	55.00
57.00	05700	CT SCAN	0	1,397,417	57.00
58.00	05800	MRI	0	593,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	-546,266	4,828,711	59.00
60.00	06000	LABORATORY	0	8,519,724	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,525,435	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,245,252	65.00
66.00	06600	PHYSICAL THERAPY	-683,109	12,407,864	66.00
69.00	06900	ELECTROCARDIOLOGY	-937,897	1,976,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-58,688	740,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,616,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,740,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,843,336	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	41,468	90.01
90.02	09002	OP INSTITUTES	-577,215	2,124,544	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	-669,103	343,072	90.04
90.05	09005	PAIN MANAGEMENT	-174,815	1,019,102	90.05
91.00	09100	EMERGENCY	-1,222,073	7,222,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-34,951,715	305,919,637	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,892	190.00
190.01	19001	AUXILLARY	-619	71,860	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	129,762	191.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

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

Worksheet A

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	340,806	192.01
192.02	19202	FOUNDATION	0	3,430	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	-45,351	3,914,891	192.04
192.05	19205	PHASE III REHAB	0	18,233	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,779,393	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	30	192.08
192.09	19209	RETAIL PHARMACY	0	114,305	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-34,997,685	313,294,239	200.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
9/24/2019 11:54 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - PATIENT SWITCHBOARD COSTS					
1.00	NON REIMBURSEABLE COST	192.01	23,938	2,281	1.00
	TOTALS		23,938	2,281	
B - REHAB COORDINATOR					
1.00	SUBPROVIDER - IRF	41.00	70,094	10,458	1.00
	TOTALS		70,094	10,458	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	289,160	1.00
	TOTALS		0	289,160	
D - HOUSEKEEPING/PLANT/MAINT COSTS					
1.00	MAINTENANCE & REPAIRS	6.00	0	522,456	1.00
2.00	HOUSEKEEPING	9.00	0	676,850	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
	TOTALS		0	1,199,306	
E - RESIDENT AND TEACHING COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,046,694	1,925,478	1.00
	COSTS APPRV				
	TOTALS		1,046,694	1,925,478	
F - UTILITY EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	2,547,743	1.00
	TOTALS		0	2,547,743	
G - HOUSEKEEPING RELCASS					
1.00	SUBPROVIDER - IRF	41.00	0	134,950	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,892	2.00
3.00	AUXILLARY	190.01	0	44,131	3.00
4.00	NON REIMBURSEABLE COST	192.01	0	80,736	4.00
5.00	FOUNDATION	192.02	0	3,136	5.00
6.00	OUTREACH PROGRAMS	192.04	0	45,468	6.00
7.00	PHASE III REHAB	192.05	0	18,233	7.00
	TOTALS		0	328,546	
H - NON-ALLOWABLE EMPLOYEE MEALS					
1.00	SUBPROVIDER - IRF	41.00	0	72,971	1.00
2.00	NON-ALLOWABLE MEALS	192.07	0	2,779,393	2.00
	TOTALS		0	2,852,364	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,740,536	1.00
	TOTALS		0	21,740,536	
J - NURSERY					
1.00	NURSERY	43.00	1,924,737	470,980	1.00
	TOTALS		1,924,737	470,980	
500.00	Grand Total: Increases		3,065,463	31,366,852	500.00

RECLASSIFICATIONS

Provider CCN: 16-0033

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

Worksheet A-6

Date/Time Prepared:
9/24/2019 11:54 am

	Decreases						9/24/2019 11:54 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PATIENT SWITCHBOARD COSTS						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	23,938	2,281	0		1.00
	TOTALS		23,938	2,281			
	B - REHAB COORDINATOR						
1.00	PHYSICAL THERAPY	66.00	70,094	10,458	0		1.00
	TOTALS		70,094	10,458			
	C - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	289,160	9		1.00
	TOTALS		0	289,160			
	D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MOB I	6.01	0	108,836	0		1.00
2.00	MOB II	6.02	0	86,364	0		2.00
3.00	BETT MED PARK	6.03	0	154,701	0		3.00
4.00	NW CLINICS	6.04	0	23,626	0		4.00
5.00	CPMP I	6.05	0	180,911	0		5.00
6.00	CPMP II	6.06	0	121,803	0		6.00
7.00	BETT PLAZA	6.07	0	203,987	0		7.00
8.00	HEART INSTITUTE	6.08	0	192,348	0		8.00
9.00	53RD STREET	6.09	0	80,473	0		9.00
10.00	ELDRIDGE	6.10	0	46,257	0		10.00
	TOTALS		0	1,199,306			
	E - RESIDENT AND TEACHING COSTS						
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	1,046,694	1,925,478	0		1.00
	TOTALS		1,046,694	1,925,478			
	F - UTILITY EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	2,547,743	0		1.00
	TOTALS		0	2,547,743			
	G - HOUSEKEEPING RELCASS						
1.00	HOUSEKEEPING	9.00	0	328,546	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
	TOTALS		0	328,546			
	H - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	DIETARY	10.00	0	2,852,364	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,852,364			
	I - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,740,536	0		1.00
	TOTALS		0	21,740,536			
	J - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,924,737	470,980	0		1.00
	TOTALS		1,924,737	470,980			
500.00	Grand Total: Decreases		3,065,463	31,366,852			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
9/24/2019 11:54 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,256,804	978,407	0	978,407	0	1.00	
2.00	Land Improvements	19,954,448	217,835	0	217,835	0	2.00	
3.00	Buildings and Fixtures	327,997,121	3,589,781	0	3,589,781	0	3.00	
4.00	Building Improvements	14,590,467	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	189,627,901	4,954,671	0	4,954,671	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	559,426,741	9,740,694	0	9,740,694	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	559,426,741	9,740,694	0	9,740,694	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,235,211	0					1.00
2.00	Land Improvements	20,172,283	0					2.00
3.00	Buildings and Fixtures	331,586,902	0					3.00
4.00	Building Improvements	14,590,467	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	194,582,572	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	569,167,435	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	569,167,435	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
9/24/2019 11:54 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	0	0	20,390,199	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	7,571,799	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	27,961,998	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	20,390,199				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,571,799				2.00
3.00	Total (sum of lines 1-2)	0	27,961,998				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
9/24/2019 11:54 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	374,584,863	0	374,584,863	0.658128	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	194,582,572	0	194,582,572	0.341872	0	2.00
3.00	Total (sum of lines 1-2)	569,167,435	0	569,167,435	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	289,160	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	289,160	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	11,724,003	0	0	0	12,013,163	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,571,799	0	0	0	7,571,799	2.00
3.00	Total (sum of lines 1-2)	19,295,802	0	0	0	19,584,962	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
9/24/2019 11:54 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)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,339,912			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-10,739,242			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			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*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
9/24/2019 11:54 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 ADMINISTRATION - RENTAL INCOME - REL	B	-390,000	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	33.00
34.00 ADMINISTRATION - DISCOUNTS EARNED	B	-123,103	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	34.00
35.00 ADMINISTRATION - RENTAL INCOME - 3RD	B	-34,097	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	35.00
36.00 ADMINISTRATION - MISCELLANEOUS REVEN	B	-9,942	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	36.00
37.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-139,100	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	37.00
38.00 SMALL POX IMMUNIZATION PROJECT - MIS	B	-720	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	38.00
39.00 VOLUNTEER SERVICES - MISCELLANEOUS R	B	-25	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	39.00
41.00 BIOMED SERVICES - MISCELLANEOUS REVE	B	-56,857	MAINTENANCE & REPAIRS	6.00	0	41.00
41.01 GROUNDS - MISCELLANEOUS REVENUE	B	-28,600	MAINTENANCE & REPAIRS	6.00	0	41.01
41.02 MAINTENANCE - MISCELLANEOUS REVENUE	B	-8,605	MAINTENANCE & REPAIRS	6.00	0	41.02
41.03 SECURITY - MISCELLANEOUS REVENUE	B	-35	MAINTENANCE & REPAIRS	6.00	0	41.03
41.04 LINEN SERVICES - MISCELLANEOUS REVEN	B	-268	LAUNDRY & LINEN SERVICE	8.00	0	41.04
42.00 PHARMACY - E - CASH SALES	B	-65,489	PHARMACY	15.00	0	42.00
42.01 PHARMACY - E - VENDOR REBATES	B	-15,067	PHARMACY	15.00	0	42.01
42.02 PHARMACY - E - MISCELLANEOUS REVENUE	B	-696	PHARMACY	15.00	0	42.02
42.03 ADULT PSYCHIATRIC - MISCELLANEOUS RE	B	-84,690	ADULTS & PEDIATRICS	30.00	0	42.03
42.04 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-15,590	ADULTS & PEDIATRICS	30.00	0	42.04
42.05 GIC-53RD ST-GENRAD - OUTREACH REVENU	B	-2,607,745	RADIOLOGY-DIAGNOSTIC	54.00	0	42.05
42.06 GIC-DG-GENRAD - OUTREACH REVENUE	B	-669,992	RADIOLOGY-DIAGNOSTIC	54.00	0	42.06
43.00 RADIOLOGY SERVICES OUTREACH - MISCEL	B	-58,312	RADIOLOGY-DIAGNOSTIC	54.00	0	43.00
43.01 RADIOLOGY SERVICES ADMIN - E - MISCE	B	-3,553	RADIOLOGY-DIAGNOSTIC	54.00	0	43.01
43.02 CENTER FOR BREAST HEALTH - E - MISCE	B	-295	RADIOLOGY-DIAGNOSTIC	54.00	0	43.02
43.03 GENESIS IMAGING CTR, 53RD ST. - MISCE	B	-60	RADIOLOGY-DIAGNOSTIC	54.00	0	43.03
43.04 CANCER CENTER - MISCELLANEOUS REVENU	B	-107,333	RADIOLOGY-THERAPEUTIC	55.00	0	43.04
43.05 INFUSION CENTER - MISCELLANEOUS REVE	B	-200	RADIOLOGY-THERAPEUTIC	55.00	0	43.05
43.06 REHAB O.P.(BETT) - MISCELLANEOUS REV	B	-56,506	PHYSICAL THERAPY	66.00	0	43.06
43.07 INPATIENT REHAB UNIT THERAPIES - MIS	B	-50,000	PHYSICAL THERAPY	66.00	0	43.07
43.08 REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-10,993	PHYSICAL THERAPY	66.00	0	43.08
43.09 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-10,027	PHYSICAL THERAPY	66.00	0	43.09
43.10 PT AND SPORTS MED-BETTENDORF - MISCE	B	-7,237	PHYSICAL THERAPY	66.00	0	43.10
43.11 P.T. CLINIC WEST-VALLEY FAIR - MISCE	B	-6,113	PHYSICAL THERAPY	66.00	0	43.11
43.12 LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-1,709	PHYSICAL THERAPY	66.00	0	43.12
43.13 PT CLINIC-NEUROLOGY ASSOCIATES - MIS	B	-250	PHYSICAL THERAPY	66.00	0	43.13
43.14 CARDIOGRAPHICS - MISCELLANEOUS REVEN	B	-1,500	ELECTROCARDIOLOGY	69.00	0	43.14
43.15 DIABETES INSTITUTE - MISCELLANEOUS R	B	-1,140	OP INSTITUTES	90.02	0	43.15
43.16 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-120	OP INSTITUTES	90.02	0	43.16

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

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

Worksheet A-8

Date/Time Prepared:
9/24/2019 11:54 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	
43.17	WEIGHT MANAGEMENT CLINIC - MISCELLAN	B	-2,938	BARIATRIC CLINIC	90.04	0	43.17
43.18	PAIN MANAGEMENT - BETTENDORF - MISCE	B	-185	PAIN MANAGEMENT	90.05	0	43.18
43.19	ADMINISTRATION - DONATIONS	A	-7,000	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	43.19
44.01	PATIENT SERVICES ADMIN. - DONATIONS	A	-1,000	NURSING ADMINISTRATION	13.00	0	44.01
44.02	DISTRIB. - W (USE 10.78020) - DONATE	A	-2	CENTRAL SERVICES & SUPPLY	14.00	0	44.02
44.03	DISTRIB.-E (USE 10.78020) - DONATED	A	-5,592	CENTRAL SERVICES & SUPPLY	14.00	0	44.03
44.04	OPERATING ROOMS-W/E - DONATED INVENT	A	-64	OPERATING ROOM	50.00	0	44.04
44.05	CARDIAC SERVICES ADMIN - DONATIONS	A	-1,000	CARDIAC CATHETERIZATION	59.00	0	44.05
45.00	ADVERTISING	A	-116,823	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.00
45.01	ADVERTISING	A	-388	NURSING ADMINISTRATION	13.00	0	45.01
45.02	ADVERTISING	A	-2,409	RADIOLOGY-DIAGNOSTIC	54.00	0	45.02
45.03	ADVERTISING	A	-1,120	RADIOLOGY-THERAPEUTIC	55.00	0	45.03
45.04	ADVERTISING	A	-1,125	PHYSICAL THERAPY	66.00	0	45.04
45.05	ADVERTISING	A	-770	ELECTROENCEPHALOGRAPHY	70.00	0	45.05
45.06	ADVERTISING	A	-33,865	BARIATRIC CLINIC	90.04	0	45.06
45.07	ADVERTISING	A	-568	PAIN MANAGEMENT	90.05	0	45.07
45.08	SELF INSURANCE OFFSET	A	-3,994,141	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.08
45.09	NON ALLOWABLE LOBBYING FEES	A	-24,194	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0	45.09
45.10	PROVIDER TAX ASSESSMENT	A	-2,491,410	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.10
45.11	ALCOHOL PURCHASES	A	-1,772	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	45.11
45.12	INTEREST INCOME	B	-8,666,196	CAP REL COSTS-BLDG & FIXT	1.00	11	45.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,997,685				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: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
9/24/2019 11:54 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	5.01	ADMINISTRATIVE AND GENERAL -	RELATED RENT EXP	0	153,095	1.00
2.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	7,831	2.00
3.00	15.00	PHARMACY	RELATED RENT EXP	0	18,401	3.00
4.00	50.00	OPERATING ROOM	RELATED RENT EXP	0	44,556	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	271,969	4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	487,928	4.02
4.03	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	27,788	4.03
4.04	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	539,149	4.04
4.05	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	492,455	4.05
4.06	90.02	OP INSTITUTES	RELATED RENT EXP	0	212,725	4.06
4.07	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	56,690	4.07
4.08	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	174,062	4.08
4.09	190.01	AUXILIARY	RELATED RENT EXP	0	619	4.09
4.10	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	45,351	4.10
4.11	6.01	MOB I	GEN VEN BLDG COST	678,869	0	4.11
4.12	6.02	MOB II	GEN VEN BLDG COST	733,114	0	4.12
4.13	6.03	BETT MED PARK	GEN VEN BLDG COST	592,906	0	4.13
4.14	6.04	NW CLINICS	GEN VEN BLDG COST	257,003	0	4.14
4.15	6.05	CPMP I	GEN VEN BLDG COST	579,160	0	4.15
4.16	6.06	CPMP II	GEN VEN BLDG COST	716,303	0	4.16
4.17	6.07	BETT PLAZA	GEN VEN BLDG COST	963,045	0	4.17
4.18	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,283,998	0	4.18
4.19	6.09	53RD STREET	GEN VEN BLDG COST	305,592	0	4.19
4.20	6.10	ELDRIDGE	GEN VEN BLDG COST	247,510	0	4.20
4.21	5.01	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	9,465,192	50,189,575	4.21
4.22	5.02	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	24,983,877	0	4.22
4.23	5.03	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	7,806,643	0	4.23
4.24	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	2,763,067	0	4.24
4.25	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	3,583,767	0	4.25
4.26	17.00	SOCIAL SERVICE	HOME OFFICE A&G	248,107	0	4.26
4.27	5.01	ADMINISTRATIVE AND GENERAL -	GHG PHYSICIAN PRACTICE	0	12,831,250	4.27
4.28	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	815,503	880,215	4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,454,100	1,783,339	4.29
4.30	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,972,172	2,972,172	4.30
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			60,449,928	71,189,170	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			0.00	0.00	6.00
7.00	C	GEN MED ED FOUN	100.00 GHS	100.00	7.00
8.00	C	GENESIS MEDICAL	100.00 GHS	100.00	8.00
9.00	C	EA IA LITHOTRIP	25.00 GHS	100.00	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: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
9/24/2019 11:54 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: 16-0033

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

Worksheet A-8-1

Date/Time Prepared:
9/24/2019 11:54 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	-153,095	0		1.00
2.00	-7,831	0		2.00
3.00	-18,401	0		3.00
4.00	-44,556	0		4.00
4.01	-271,969	0		4.01
4.02	-487,928	0		4.02
4.03	-27,788	0		4.03
4.04	-539,149	0		4.04
4.05	-492,455	0		4.05
4.06	-212,725	0		4.06
4.07	-56,690	0		4.07
4.08	-174,062	0		4.08
4.09	-619	0		4.09
4.10	-45,351	0		4.10
4.11	678,869	0		4.11
4.12	733,114	0		4.12
4.13	592,906	0		4.13
4.14	257,003	0		4.14
4.15	579,160	0		4.15
4.16	716,303	0		4.16
4.17	963,045	0		4.17
4.18	1,283,998	0		4.18
4.19	305,592	0		4.19
4.20	247,510	0		4.20
4.21	-40,724,383	0		4.21
4.22	24,983,877	0		4.22
4.23	7,806,643	0		4.23
4.24	2,763,067	0		4.24
4.25	3,583,767	0		4.25
4.26	248,107	0		4.26
4.27	-12,831,250	0		4.27
4.28	-64,712	0		4.28
4.29	-329,239	0		4.29
4.30	0	0		4.30
5.00	-10,739,242			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:

9/24/2019 11:54 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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	251,713	65,701	186,012	211,500	1,829	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	102,545	0	102,545	211,500	1,008	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	41,475	0	41,475	211,500	408	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	1,093,871	1,093,871	0	246,400	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	18,500	0	18,500	271,900	142	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,150	0	6,150	271,900	47	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	908,753	517,438	391,315	211,500	3,848	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	443,942	443,942	0	211,500	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	57,918	57,918	0	211,500	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	409,886	363,230	46,656	211,500	459	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	580,287	575,562	4,725	211,500	46	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,252,781	1,222,069	30,712	211,500	302	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			5,167,821	4,339,731	828,090		8,089	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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	185,978	9,299	0	0	0	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	102,496	5,125	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	41,487	2,074	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	18,562	928	0	0	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,144	307	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	391,275	19,564	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	46,672	2,334	0	0	0	10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	4,677	234	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	30,708	1,535	0	0	0	12.00
13.00	0.00	AGGREGATE-	0	0	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			827,999	41,400	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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	185,978	34	65,735		1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	102,496	49	49		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	41,487	0	0		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,093,871		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	18,562	0	0		5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	6,144	6	6		6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	391,275	40	517,478		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	443,942		8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	57,918		9.00
10.00	90.02	AGGREGATE-OP INSTITUTES	0	46,672	0	363,230		10.00
11.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	4,677	48	575,610		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

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

Worksheet A-8-2

Date/Time Prepared:
9/24/2019 11:54 am

	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		
12.00	91.00	AGGREGATE-EMERGENCY	0	30,708	4	1,222,073		12.00
13.00	0.00	AGGREGATE-	0	0	0	0		13.00
14.00	0.00	AGGREGATE-	0	0	0	0		14.00
15.00	0.00	AGGREGATE-	0	0	0	0		15.00
200.00			0	827,999	181	4,339,912		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
				BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,013,163	12,013,163				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,571,799		7,571,799			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,076,233	43,278	0	6,119,511		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	20,233,575	2,029,200	808,675	312,792	23,384,242	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	26,567,574	245,342	183,545	69,965	23,384,242	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	7,806,643	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	7,101,107	1,683,308	246,500	121,596	0	6.00
6.01	00601	MOB I	570,033	0	0	0	0	6.01
6.02	00602	MOB II	646,750	0	0	0	0	6.02
6.03	00603	BETT MED PARK	438,205	0	0	0	0	6.03
6.04	00604	NW CLINICS	233,377	0	0	0	0	6.04
6.05	00605	CPMP I	398,249	0	0	0	0	6.05
6.06	00606	CPMP II	594,500	0	0	0	0	6.06
6.07	00607	BETT PLAZA	759,058	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,091,650	0	0	0	0	6.08
6.09	00609	53RD STREET	225,119	0	0	0	0	6.09
6.10	00610	ELDRIDGE	201,253	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,547,743	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	182,298	40,950	1,043	4,315	0	8.00
9.00	00900	HOUSEKEEPING	4,071,044	101,302	254,933	0	0	9.00
10.00	01000	DIETARY	-108,240	205,098	24,532	1	0	10.00
11.00	01100	CAFETERIA	0	111,484	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,649,340	55,472	495,279	82,283	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,324,183	507,308	547,518	42,011	0	14.00
15.00	01500	PHARMACY	6,294,452	155,783	122,994	355,492	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,583,767	109,877	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	248,107	43,038	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,972,172	261,981	0	70,904	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,510,671	1,825,906	260,696	1,547,424	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,800,430	45,966	215,098	246,202	0	31.00
32.01	03201	NICU	1,511,819	36,761	29,172	88,391	0	32.01
41.00	04100	SUBPROVIDER - IRF	2,328,703	275,300	659	122,673	0	41.00
43.00	04300	NURSERY	2,395,717	0	0	130,384	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,419,537	771,691	1,965,697	425,574	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,137,271	695,271	351,760	377,776	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,335,414	121,980	178,434	174,870	0	55.00
57.00	05700	CT SCAN	1,397,417	25,678	388,482	51,284	0	57.00
58.00	05800	MRI	593,865	72,050	127,134	19,635	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,828,711	154,476	695,790	149,316	0	59.00
60.00	06000	LABORATORY	8,519,724	260,719	221,388	215,818	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,525,435	5,076	451	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,245,252	73,597	39,866	119,857	0	65.00
66.00	06600	PHYSICAL THERAPY	12,407,864	1,046,421	90,184	696,322	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,976,253	130,540	101,730	107,646	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	740,835	79,348	67,827	36,962	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,616,706	11,863	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740,536	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,843,336	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	41,468	0	0	2,608	0	90.01
90.02	09002	OP INSTITUTES	2,124,544	70,503	28,467	88,706	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	343,072	2,358	5,338	21,244	0	90.04
90.05	09005	PAIN MANAGEMENT	1,019,102	0	24,788	55,239	0	90.05
91.00	09100	EMERGENCY	7,222,801	317,798	87,537	372,478	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,919,637	11,616,723	7,565,517	6,109,768	23,384,242	118.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,892	3,859	0	0	0
190.01	19001	AUXILIARY	71,860	90,025	2,279	0	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	129,762	1,502	0	8,103	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NON REIMBURSEABLE COST	340,806	164,703	474	1,622	0
192.02	19202	FOUNDATION	3,430	6,397	1,165	18	0
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0
192.04	19204	OUTREACH PROGRAMS	3,914,891	92,758	0	0	0
192.05	19205	PHASE III REHAB	18,233	37,196	2,364	0	0
192.06	19206	AFFILIATES	0	0	0	0	0
192.07	19207	NON-ALLOWABLE MEALS	2,779,393	0	0	0	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	30	0	0	0	0
192.09	19209	RETAIL PHARMACY	114,305	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	313,294,239	12,013,163	7,571,799	6,119,511	23,384,242

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	50,450,668	50,450,668				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	7,806,643	1,498,423	9,305,066			5.03
6.00	00600	MAINTENANCE & REPAIRS	9,152,511	1,756,751	0	10,909,262		6.00
6.01	00601	MOB I	570,033	109,413	0	0	679,446	6.01
6.02	00602	MOB II	646,750	124,138	0	0	0	6.02
6.03	00603	BETT MED PARK	438,205	84,110	0	0	0	6.03
6.04	00604	NW CLINICS	233,377	44,795	0	0	0	6.04
6.05	00605	CPMP I	398,249	76,441	0	0	0	6.05
6.06	00606	CPMP II	594,500	114,110	0	0	0	6.06
6.07	00607	BETT PLAZA	759,058	145,695	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,091,650	209,533	0	0	0	6.08
6.09	00609	53RD STREET	225,119	43,210	0	0	0	6.09
6.10	00610	ELDRIDGE	201,253	38,629	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,547,743	489,019	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	228,606	43,879	0	55,758	0	8.00
9.00	00900	HOUSEKEEPING	4,427,279	849,781	0	137,934	14,000	9.00
10.00	01000	DIETARY	121,391	23,300	0	279,263	0	10.00
11.00	01100	CAFETERIA	111,484	21,398	0	151,797	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,282,374	438,083	0	75,531	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,421,020	1,040,521	0	690,755	0	14.00
15.00	01500	PHARMACY	6,928,721	1,329,913	0	212,115	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,693,644	708,965	0	149,609	0	16.00
17.00	01700	SOCIAL SERVICE	291,145	55,883	0	58,601	4,240	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,305,057	634,379	0	356,715	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,144,697	6,169,866	781,351	2,486,170	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,307,696	1,018,770	119,155	62,588	0	31.00
32.01	03201	NICU	1,666,143	319,803	38,187	50,054	0	32.01
41.00	04100	SUBPROVIDER - IRF	2,727,335	523,490	51,357	374,852	0	41.00
43.00	04300	NURSERY	2,526,101	484,865	26,373	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,582,499	3,182,878	879,382	1,050,742	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,562,078	3,562,842	836,931	946,688	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,810,698	3,034,737	608,464	166,090	60,118	55.00
57.00	05700	CT SCAN	1,862,861	357,561	519,543	34,964	0	57.00
58.00	05800	MRI	812,684	155,988	143,902	98,104	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,828,293	1,118,694	1,035,810	210,337	0	59.00
60.00	06000	LABORATORY	9,217,649	1,769,254	560,006	354,998	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,530,962	293,856	37,861	6,911	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,478,572	475,742	218,361	100,210	0	65.00
66.00	06600	PHYSICAL THERAPY	14,240,791	2,733,406	402,379	1,424,817	2,302	66.00
69.00	06900	ELECTROCARDIOLOGY	2,316,169	444,570	194,857	177,744	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	924,972	177,541	79,326	108,041	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,628,569	3,959,489	686,768	16,153	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740,536	4,172,922	650,177	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,843,336	2,849,060	720,126	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	44,076	8,460	3,477	0	0	90.01
90.02	09002	OP INSTITUTES	2,312,220	443,812	103,949	95,998	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	372,012	71,405	4,504	3,210	0	90.04
90.05	09005	PAIN MANAGEMENT	1,099,129	210,969	59,181	0	0	90.05
91.00	09100	EMERGENCY	8,000,614	1,535,654	543,639	432,716	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	305,507,172	48,956,003	9,305,066	10,369,465	80,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,751	1,104	0	5,255	0	190.00
190.01	19001	AUXILLARY	164,164	31,510	0	122,579	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	139,367	26,750	0	2,045	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	507,605	97,431	0	224,261	473,671	192.01
192.02	19202	FOUNDATION	11,010	2,113	0	8,710	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,007,649	769,236	0	126,300	125,115	192.04
192.05	19205	PHASE III REHAB	57,793	11,093	0	50,647	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,779,393	533,482	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	30	6	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	114,305	21,940	0	0	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	313,294,239	50,450,668	9,305,066	10,909,262	679,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	770,888					6.02
6.03	00603	BETT MED PARK	0	522,315				6.03
6.04	00604	NW CLINICS	0	0	278,172			6.04
6.05	00605	CPMP I	0	0	0	474,690		6.05
6.06	00606	CPMP II	0	0	0	0	708,610	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,965	592	0	453	0	9.00
10.00	01000	DIETARY	0	0	0	12,062	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,541	0	0	1,331	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,660	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,541	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	156,335	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	997	0	0	113,503	19,298	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,303	24,879	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,044	592	0	284,987	47,837	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	77,039	110,126	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	762,844	444,684	168,046	189,703	660,773	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	770,888	522,315	278,172	474,690	708,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA	904,753					6.07
6.08	00608	HEART INSTITUTE	0	1,301,183				6.08
6.09	00609	53RD STREET	0	0	268,329			6.09
6.10	00610	ELDRIDGE	0	0	0	239,882		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	3,036,762	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	15,521	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	38,396	9.00
10.00	01000	DIETARY	0	0	0	0	77,737	10.00
11.00	01100	CAFETERIA	0	0	0	0	42,255	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	21,025	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	192,282	14.00
15.00	01500	PHARMACY	0	0	0	0	59,046	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,898	0	0	0	41,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	16,312	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	99,297	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	692,066	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	17,422	31.00
32.01	03201	NICU	0	0	0	0	13,933	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	104,346	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	292,490	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,717	0	0	0	263,525	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	46,234	55.00
57.00	05700	CT SCAN	0	0	0	0	9,733	57.00
58.00	05800	MRI	0	0	0	0	27,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	58,550	59.00
60.00	06000	LABORATORY	0	0	0	0	98,819	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,924	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	27,895	65.00
66.00	06600	PHYSICAL THERAPY	169,906	0	0	0	396,620	66.00
69.00	06900	ELECTROCARDIOLOGY	0	540,454	0	0	49,478	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	30,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	49,239	0	0	0	26,722	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	894	90.04
90.05	09005	PAIN MANAGEMENT	100,046	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	120,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	371,806	540,454	0	0	2,886,501	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,463	190.00
190.01	19001	AUXILLARY	0	0	0	0	34,122	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	569	191.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	532,947	760,729	268,329	239,882	62,426	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,425	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	35,158	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	14,098	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	904,753	1,301,183	268,329	239,882	3,036,762	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	343,764					8.00
9.00	00900	HOUSEKEEPING	0	5,472,400				9.00
10.00	01000	DIETARY	0	155,986	669,739			10.00
11.00	01100	CAFETERIA	0	84,788	542,141	953,863		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	953,863	953,863	11.01
13.00	01300	NURSING ADMINISTRATION	0	42,189	0	0	16,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	385,830	0	0	13,923	14.00
15.00	01500	PHARMACY	0	116,447	0	0	43,021	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,566	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	32,732	0	0	14	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	199,248	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	158,837	1,388,684	116,766	0	303,130	30.00
31.00	03100	INTENSIVE CARE UNIT	17,397	34,959	10,832	0	38,277	31.00
32.01	03201	NICU	2,051	27,958	0	0	13,215	32.01
41.00	04100	SUBPROVIDER - IRF	10,749	0	0	0	23,001	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,558	586,906	0	0	69,581	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,804	528,785	0	0	69,219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,849	92,772	0	0	26,400	55.00
57.00	05700	CT SCAN	8	19,530	0	0	8,549	57.00
58.00	05800	MRI	0	54,797	0	0	3,125	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,760	117,486	0	0	23,087	59.00
60.00	06000	LABORATORY	0	198,289	0	0	46,934	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,860	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	55,974	0	0	22,379	65.00
66.00	06600	PHYSICAL THERAPY	821	795,850	0	0	108,385	66.00
69.00	06900	ELECTROCARDIOLOGY	0	99,281	0	0	21,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,860	60,348	0	0	6,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,022	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	514	90.01
90.02	09002	OP INSTITUTES	1,505	53,621	0	0	16,195	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	1,793	0	0	4,210	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	10,061	90.05
91.00	09100	EMERGENCY	55,565	241,699	0	0	64,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	343,764	5,472,400	669,739	953,863	952,720	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	1,136	191.00

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	7	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	343,764	5,472,400	669,739	953,863	953,863	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,878,652					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,744,331				14.00
15.00	01500	PHARMACY	0	42,405	8,731,668			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,711,328		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	462,587	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,537,937	270,654	0	395,604	368,379	30.00
31.00	03100	INTENSIVE CARE UNIT	106,040	98,731	0	60,329	34,431	31.00
32.01	03201	NICU	96,091	10,517	0	19,334	19,153	32.01
41.00	04100	SUBPROVIDER - IRF	100,678	11,889	0	26,002	40,624	41.00
43.00	04300	NURSERY	0	0	0	13,353	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	351,032	583,971	0	445,238	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,884	90,382	0	423,744	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,200	17,438	3,765,275	308,070	0	55.00
57.00	05700	CT SCAN	30	25,117	0	263,048	0	57.00
58.00	05800	MRI	0	1,539	0	72,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,446	100,295	0	524,544	0	59.00
60.00	06000	LABORATORY	97	39,720	0	283,535	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,169	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	37,278	0	110,558	0	65.00
66.00	06600	PHYSICAL THERAPY	496	11,900	0	203,727	0	66.00
69.00	06900	ELECTROCARDIOLOGY	32,279	8,146	0	98,658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,348	15,125	0	40,164	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,029,378	0	347,716	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,194,520	0	329,189	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,966,393	364,605	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	1,760	0	90.01
90.02	09002	OP INSTITUTES	85,321	19,417	0	52,630	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	14,836	1,597	0	2,280	0	90.04
90.05	09005	PAIN MANAGEMENT	52,978	11,568	0	29,964	0	90.05
91.00	09100	EMERGENCY	324,959	122,744	0	275,248	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,878,652	7,744,331	8,731,668	4,711,328	462,587	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,878,652	7,744,331	8,731,668	4,711,328	462,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,594,696				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,550,383	0	49,366,065	-2,550,383	30.00
31.00	03100	INTENSIVE CARE UNIT	0	145,279	0	7,071,906	-145,279	31.00
32.01	03201	NICU	0	160,106	0	2,436,545	-160,106	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,994,323	0	41.00
43.00	04300	NURSERY	0	0	0	3,050,692	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	136,435	0	24,365,047	-136,435	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,722	0	25,443,321	-66,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	24,147,143	0	55.00
57.00	05700	CT SCAN	0	0	0	3,100,944	0	57.00
58.00	05800	MRI	0	0	0	1,370,307	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	9,083,302	0	59.00
60.00	06000	LABORATORY	0	34,076	0	12,603,377	-34,076	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,894,543	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,526,969	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,491,400	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,982,771	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,450,650	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,681,591	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,087,344	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	54,886	0	23,798,406	-54,886	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	58,287	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	3,286,811	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	476,741	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,573,896	0	90.05
91.00	09100	EMERGENCY	0	270,529	0	11,988,757	-270,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,418,416	0	297,331,138	-3,418,416	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,573	0	190.00
190.01	19001	AUXILIARY	0	0	0	352,375	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	187,165	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	169,867	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,176,280	0	1,176,280	-1,176,280	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,393,331	0	192.01
192.02	19202	FOUNDATION	0	0	0	24,265	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,063,458	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	133,631	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	3,312,875	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	36	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	136,245	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,594,696	0	313,294,239	-4,594,696	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
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
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
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,393,331	192.01
192.02	19202	FOUNDATION	24,265	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	5,063,458	192.04
192.05	19205	PHASE III REHAB	133,631	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	3,312,875	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	36	192.08
192.09	19209	RETAIL PHARMACY	136,245	192.09
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	308,699,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	43,278	0	43,278	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	274,336	2,029,200	808,675	3,112,211	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	64,540	245,342	183,545	493,427	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	85,710	1,683,308	246,500	2,015,518	6.00
6.01	00601	MOB I	678,869	0	0	678,869	6.01
6.02	00602	MOB II	733,114	0	0	733,114	6.02
6.03	00603	BETT MED PARK	592,906	0	0	592,906	6.03
6.04	00604	NW CLINICS	257,003	0	0	257,003	6.04
6.05	00605	CPMP I	579,160	0	0	579,160	6.05
6.06	00606	CPMP II	716,303	0	0	716,303	6.06
6.07	00607	BETT PLAZA	963,045	0	0	963,045	6.07
6.08	00608	HEART INSTITUTE	1,283,998	0	0	1,283,998	6.08
6.09	00609	53RD STREET	305,592	0	0	305,592	6.09
6.10	00610	ELDRIDGE	247,510	0	0	247,510	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	40,950	1,043	41,993	8.00
9.00	00900	HOUSEKEEPING	78,295	101,302	254,933	434,530	9.00
10.00	01000	DIETARY	92,401	205,098	24,532	322,031	10.00
11.00	01100	CAFETERIA	0	111,484	0	111,484	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	25,796	55,472	495,279	576,547	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,772	507,308	547,518	1,165,598	14.00
15.00	01500	PHARMACY	46,894	155,783	122,994	325,671	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,877	0	109,877	16.00
17.00	01700	SOCIAL SERVICE	0	43,038	0	43,038	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	261,981	0	261,981	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	190,672	1,825,906	260,696	2,277,274	30.00
31.00	03100	INTENSIVE CARE UNIT	52,876	45,966	215,098	313,940	31.00
32.01	03201	NICU	12,046	36,761	29,172	77,979	32.01
41.00	04100	SUBPROVIDER - IRF	25,976	275,300	659	301,935	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	513,009	771,691	1,965,697	3,250,397	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	303,685	695,271	351,760	1,350,716	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	578,912	121,980	178,434	879,326	55.00
57.00	05700	CT SCAN	757	25,678	388,482	414,917	57.00
58.00	05800	MRI	4,388	72,050	127,134	203,572	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,668	154,476	695,790	902,934	59.00
60.00	06000	LABORATORY	61,498	260,719	221,388	543,605	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,076	451	5,527	63.00
65.00	06500	RESPIRATORY THERAPY	59,473	73,597	39,866	172,936	65.00
66.00	06600	PHYSICAL THERAPY	1,426,870	1,046,421	90,184	2,563,475	66.00
69.00	06900	ELECTROCARDIOLOGY	524,308	130,540	101,730	756,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,833	79,348	67,827	154,008	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,863	0	11,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	228,984	70,503	28,467	327,954	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	61,469	2,358	5,338	69,165	90.04
90.05	09005	PAIN MANAGEMENT	188,751	0	24,788	213,539	90.05
91.00	09100	EMERGENCY	78,893	317,798	87,537	484,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,508,312	11,616,723	7,565,517	30,690,552	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,859	0	3,859	190.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
9/24/2019 11:54 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	
190.01	19001	AUXILLARY	5,747	90,025	2,279	98,051	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	1,502	0	1,502	57	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	545	164,703	474	165,722	11	192.01
192.02	19202	FOUNDATION	0	6,397	1,165	7,562	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	47,729	92,758	0	140,487	0	192.04
192.05	19205	PHASE III REHAB	0	37,196	2,364	39,560	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,562,333	12,013,163	7,571,799	31,147,295	43,278	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
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Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	3,114,423					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	3,114,423	3,608,345				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	107,170	107,170			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	125,646	0	2,142,024		6.00
6.01	00601	MOB I	0	7,825	0	0	686,694	6.01
6.02	00602	MOB II	0	8,879	0	0	0	6.02
6.03	00603	BETT MED PARK	0	6,016	0	0	0	6.03
6.04	00604	NW CLINICS	0	3,204	0	0	0	6.04
6.05	00605	CPMP I	0	5,467	0	0	0	6.05
6.06	00606	CPMP II	0	8,161	0	0	0	6.06
6.07	00607	BETT PLAZA	0	10,420	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	14,986	0	0	0	6.08
6.09	00609	53RD STREET	0	3,090	0	0	0	6.09
6.10	00610	ELDRIDGE	0	2,763	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	34,975	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,138	0	10,948	0	8.00
9.00	00900	HOUSEKEEPING	0	60,778	0	27,083	14,149	9.00
10.00	01000	DIETARY	0	1,666	0	54,833	0	10.00
11.00	01100	CAFETERIA	0	1,530	0	29,805	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	31,332	0	14,830	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	74,420	0	135,629	0	14.00
15.00	01500	PHARMACY	0	95,117	0	41,649	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,706	0	29,376	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,997	0	11,506	4,285	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	45,372	0	70,041	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	441,314	8,987	488,159	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	72,864	1,370	12,289	0	31.00
32.01	03201	NICU	0	22,873	439	9,828	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	37,441	591	73,602	0	41.00
43.00	04300	NURSERY	0	34,678	303	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	227,645	10,114	206,312	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	254,820	9,626	185,881	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	217,049	6,998	32,612	60,759	55.00
57.00	05700	CT SCAN	0	25,573	5,975	6,865	0	57.00
58.00	05800	MRI	0	11,157	1,655	19,263	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	80,011	12,063	41,299	0	59.00
60.00	06000	LABORATORY	0	126,540	6,441	69,704	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	21,017	435	1,357	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	34,026	2,511	19,676	0	65.00
66.00	06600	PHYSICAL THERAPY	0	195,498	4,628	279,762	2,326	66.00
69.00	06900	ELECTROCARDIOLOGY	0	31,796	2,241	34,900	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,698	912	21,214	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	283,189	7,899	3,172	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	298,454	7,478	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	203,769	8,282	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	605	40	0	0	90.01
90.02	09002	OP INSTITUTES	0	31,742	1,196	18,849	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BIARIATRIC CLINIC	0	5,107	52	630	0	90.04
90.05	09005	PAIN MANAGEMENT	0	15,089	681	0	0	90.05
91.00	09100	EMERGENCY	0	109,832	6,253	84,963	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,114,423	3,501,445	107,170	2,036,037	81,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	79	0	1,032	0	190.00
190.01	19001	AUXILLARY	0	2,254	0	24,068	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	0	1,913	0	401	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	6,968	0	44,033	478,725	192.01
192.02	19202	FOUNDATION	0	151	0	1,710	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	55,017	0	24,799	126,450	192.04
192.05	19205	PHASE III REHAB	0	793	0	9,944	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	38,156	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	1,569	0	0	0	192.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,114,423	3,608,345	107,170	2,142,024	686,694	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
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Part II
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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II	741,993					6.02
6.03	00603	BETT MED PARK	0	598,922				6.03
6.04	00604	NW CLINICS	0	0	260,207			6.04
6.05	00605	CPMP I	0	0	0	584,627		6.05
6.06	00606	CPMP II	0	0	0	0	724,464	6.06
6.07	00607	BETT PLAZA	0	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,816	679	0	558	0	9.00
10.00	01000	DIETARY	0	0	0	14,856	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,483	0	0	1,639	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,742	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,483	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	192,542	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	959	0	0	139,790	19,730	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	1,605	25,435	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,741	679	0	350,990	48,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	88,339	103,014	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	734,252	509,904	157,193	233,637	675,557	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	741,993	598,922	260,207	584,627	724,464	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	973,465				6.07
6.08	00608	HEART INSTITUTE	0	1,298,984			6.08
6.09	00609	53RD STREET	0	0	308,682		6.09
6.10	00610	ELDRIDGE	0	0	0	250,273	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	34,975 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	179 8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	442 9.00
10.00	01000	DIETARY	0	0	0	0	895 10.00
11.00	01100	CAFETERIA	0	0	0	0	487 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	242 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,215 14.00
15.00	01500	PHARMACY	0	0	0	0	680 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,472	0	0	0	480 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	188 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,144 22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	7,970 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	201 31.00
32.01	03201	NICU	0	0	0	0	160 32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	1,202 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	3,369 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,138	0	0	0	3,035 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	532 55.00
57.00	05700	CT SCAN	0	0	0	0	112 57.00
58.00	05800	MRI	0	0	0	0	315 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	674 59.00
60.00	06000	LABORATORY	0	0	0	0	1,138 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	22 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	321 65.00
66.00	06600	PHYSICAL THERAPY	182,810	0	0	0	4,568 66.00
69.00	06900	ELECTROCARDIOLOGY	0	539,541	0	0	570 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	346 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	52 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0 90.01
90.02	09002	OP INSTITUTES	52,979	0	0	0	308 90.02
90.03	09003	MARC	0	0	0	0	0 90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	10 90.04
90.05	09005	PAIN MANAGEMENT	107,645	0	0	0	0 90.05
91.00	09100	EMERGENCY	0	0	0	0	1,387 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	400,044	539,541	0	0	33,244 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17 190.00
190.01	19001	AUXILLARY	0	0	0	0	393 190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0 190.02
190.03	19003	EAP	0	0	0	0	0 190.03
191.00	19100	RESEARCH	0	0	0	0	7 191.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	573,421	759,443	308,682	250,273	719	192.01
192.02	19202	FOUNDATION	0	0	0	0	28	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	405	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	162	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	973,465	1,298,984	308,682	250,273	34,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,289					8.00
9.00	00900	HOUSEKEEPING	0	542,035				9.00
10.00	01000	DIETARY	0	15,450	352,725			10.00
11.00	01100	CAFETERIA	0	8,398	285,524	437,228		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	437,228	437,228	11.01
13.00	01300	NURSING ADMINISTRATION	0	4,179	0	0	7,599	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,216	0	0	6,382	14.00
15.00	01500	PHARMACY	0	11,534	0	0	19,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,277	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,242	0	0	7	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	19,735	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,009	137,548	61,496	0	138,947	30.00
31.00	03100	INTENSIVE CARE UNIT	2,849	3,463	5,705	0	17,545	31.00
32.01	03201	NICU	336	2,769	0	0	6,057	32.01
41.00	04100	SUBPROVIDER - IRF	1,760	0	0	0	10,543	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,787	58,132	0	0	31,894	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,734	52,376	0	0	31,728	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,613	9,189	0	0	12,101	55.00
57.00	05700	CT SCAN	1	1,934	0	0	3,919	57.00
58.00	05800	MRI	0	5,428	0	0	1,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,926	11,637	0	0	10,583	59.00
60.00	06000	LABORATORY	0	19,640	0	0	21,514	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	382	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,544	0	0	10,258	65.00
66.00	06600	PHYSICAL THERAPY	134	78,828	0	0	49,681	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,834	0	0	9,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	796	5,977	0	0	3,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	894	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	235	90.01
90.02	09002	OP INSTITUTES	246	5,311	0	0	7,423	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	178	0	0	1,930	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	4,612	90.05
91.00	09100	EMERGENCY	9,098	23,940	0	0	29,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,289	542,035	352,725	437,228	436,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	521	191.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	3	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	57,006	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	56,289	542,035	409,731	437,228	437,228	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	638,433					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,422,757				14.00
15.00	01500	PHARMACY	0	7,790	504,675			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	235,188		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	70,005	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	341,087	49,724	0	19,713	55,748	30.00
31.00	03100	INTENSIVE CARE UNIT	23,518	18,139	0	3,006	5,211	31.00
32.01	03201	NICU	21,311	1,932	0	963	2,898	32.01
41.00	04100	SUBPROVIDER - IRF	22,328	2,184	0	1,296	6,148	41.00
43.00	04300	NURSERY	0	0	0	665	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,852	107,285	0	22,186	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,285	16,605	0	21,115	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,904	3,204	217,631	15,351	0	55.00
57.00	05700	CT SCAN	7	4,614	0	13,107	0	57.00
58.00	05800	MRI	0	283	0	3,630	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,075	18,426	0	26,565	0	59.00
60.00	06000	LABORATORY	21	7,297	0	14,128	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	955	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,849	0	5,509	0	65.00
66.00	06600	PHYSICAL THERAPY	110	2,186	0	10,152	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,159	1,497	0	4,916	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	743	2,779	0	2,001	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	556,548	0	17,326	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	586,880	0	16,403	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	287,044	18,168	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	88	0	90.01
90.02	09002	OP INSTITUTES	18,923	3,567	0	2,623	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	3,290	293	0	114	0	90.04
90.05	09005	PAIN MANAGEMENT	11,750	2,125	0	1,493	0	90.05
91.00	09100	EMERGENCY	72,070	22,550	0	13,715	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	638,433	1,422,757	504,675	235,188	70,005	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	638,433	1,422,757	504,675	235,188	70,005	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		398,774				22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,066,407	0	30.00
31.00	03100	INTENSIVE CARE UNIT				481,841	0	31.00
32.01	03201	NICU				148,170	0	32.01
41.00	04100	SUBPROVIDER - IRF				459,897	0	41.00
43.00	04300	NURSERY				36,568	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,198,524	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,963,730	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,632,985	0	55.00
57.00	05700	CT SCAN				477,387	0	57.00
58.00	05800	MRI				246,874	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,119,249	0	59.00
60.00	06000	LABORATORY				811,554	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				29,695	0	63.00
65.00	06500	RESPIRATORY THERAPY				258,478	0	65.00
66.00	06600	PHYSICAL THERAPY				3,379,082	0	66.00
69.00	06900	ELECTROCARDIOLOGY				1,399,481	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				204,875	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				880,943	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				909,215	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				517,263	0	73.00
74.00	07400	RENAL DIALYSIS				0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH				986	0	90.01
90.02	09002	OP INSTITUTES				498,788	0	90.02
90.03	09003	MARC				0	0	90.03
90.04	09004	BARIATRIC CLINIC				80,919	0	90.04
90.05	09005	PAIN MANAGEMENT				357,325	0	90.05
91.00	09100	EMERGENCY				860,436	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	25,020,672	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,987	0	190.00
190.01	19001	AUXILLARY				124,766	0	190.01
190.02	19002	FIRST MED CLINICS				191,353	0	190.02
190.03	19003	EAP				0	0	190.03
191.00	19100	RESEARCH				4,401	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01	19201	NON REIMBURSEABLE COST				4,898,540	0	192.01
192.02	19202	FOUNDATION				9,454	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH				0	0	192.03
192.04	19204	OUTREACH PROGRAMS				347,158	0	192.04
192.05	19205	PHASE III REHAB				50,459	0	192.05
192.06	19206	AFFILIATES				0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS				38,156	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH				0	0	192.08
192.09	19209	RETAIL PHARMACY				1,569	0	192.09
200.00		Cross Foot Adjustments	0	398,774	0	398,774	0	200.00
201.00		Negative Cost Centers	0	0	0	57,006	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	398,774	0	31,147,295	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
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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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	5.03
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	MOB I	6.01
6.02	00602	MOB II	6.02
6.03	00603	BETT MED PARK	6.03
6.04	00604	NW CLINICS	6.04
6.05	00605	CPMP I	6.05
6.06	00606	CPMP II	6.06
6.07	00607	BETT PLAZA	6.07
6.08	00608	HEART INSTITUTE	6.08
6.09	00609	53RD STREET	6.09
6.10	00610	ELDRIDGE	6.10
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
11.01	01101	EMPLOYEE CAFETERIA	11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.01	03201	NICU	32.01
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
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
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
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001	CLINICAL PSYCH	90.01
90.02	09002	OP INSTITUTES	90.02
90.03	09003	MARC	90.03
90.04	09004	BARIATRIC CLINIC	90.04
90.05	09005	PAIN MANAGEMENT	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	AUXILLARY	190.01
190.02	19002	FIRST MED CLINICS	190.02
190.03	19003	EAP	190.03
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	4,898,540	192.01
192.02	19202	FOUNDATION	9,454	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	192.03
192.04	19204	OUTREACH PROGRAMS	347,158	192.04
192.05	19205	PHASE III REHAB	50,459	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	38,156	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
192.09	19209	RETAIL PHARMACY	1,569	192.09
200.00		Cross Foot Adjustments	398,774	200.00
201.00		Negative Cost Centers	57,006	201.00
202.00		TOTAL (sum lines 118 through 201)	31,147,295	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	799,989				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,123,958			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	0	90,336,807		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	135,130	760,845	4,617,468	100	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL	16,338	172,689	1,032,829	100	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	112,096	231,921	1,795,016	0	6.00
6.01	00601	MOB I	0	0	0	0	6.01
6.02	00602	MOB II	0	0	0	0	6.02
6.03	00603	BETT MED PARK	0	0	0	0	6.03
6.04	00604	NW CLINICS	0	0	0	0	6.04
6.05	00605	CPMP I	0	0	0	0	6.05
6.06	00606	CPMP II	0	0	0	0	6.06
6.07	00607	BETT PLAZA	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,727	981	63,705	0	8.00
9.00	00900	HOUSEKEEPING	6,746	239,855	0	0	9.00
10.00	01000	DIETARY	13,658	23,081	10	0	10.00
11.00	01100	CAFETERIA	7,424	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,694	465,985	1,214,668	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	515,135	620,177	0	14.00
15.00	01500	PHARMACY	10,374	115,719	5,247,814	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	1,046,694	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	121,592	245,277	22,843,124	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,061	202,376	3,634,454	0	31.00
32.01	03201	NICU	2,448	27,447	1,304,833	0	32.01
41.00	04100	SUBPROVIDER - IRF	18,333	620	1,810,918	0	41.00
43.00	04300	NURSERY	0	0	1,924,737	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,389	1,849,434	6,282,376	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,300	330,955	5,576,769	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,123	167,880	2,581,456	0	55.00
57.00	05700	CT SCAN	1,710	365,505	757,064	0	57.00
58.00	05800	MRI	4,798	119,615	289,859	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,287	654,637	2,204,223	0	59.00
60.00	06000	LABORATORY	17,362	208,294	3,185,923	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	424	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	37,508	1,769,345	0	65.00
66.00	06600	PHYSICAL THERAPY	69,684	84,850	10,279,182	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	95,713	1,589,088	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,284	63,815	545,643	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	38,503	0	90.01
90.02	09002	OP INSTITUTES	4,695	26,783	1,309,481	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	5,022	313,609	0	90.04
90.05	09005	PAIN MANAGEMENT	0	23,322	815,449	0	90.05
91.00	09100	EMERGENCY	21,163	82,360	5,498,560	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	773,589	7,118,048	90,192,977	100	-50,450,668

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	0	0	0	190.00
190.01	19001	AUXILLARY	5,995	2,144	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	100	0	119,619	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,968	446	23,938	0	0	192.01
192.02	19202	FOUNDATION	426	1,096	273	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	6,177	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	2,224	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	12,013,163	7,571,799	6,119,511	23,384,242		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.016660	1.062864	0.067741	233,842.420000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			43,278	3,114,423		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000479	31,144.230000		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: 16-0033

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

Worksheet B-1

Date/Time Prepared:

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Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHAR GES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL	262,843,571					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	7,806,643	1,150,708,828				5.03
6.00	00600	MAINTENANCE & REPAIRS	9,152,511	0	533,543			6.00
6.01	00601	MOB I	570,033	0	0	39,263		6.01
6.02	00602	MOB II	646,750	0	0	0	34,028	6.02
6.03	00603	BETT MED PARK	438,205	0	0	0	0	6.03
6.04	00604	NW CLINICS	233,377	0	0	0	0	6.04
6.05	00605	CPMP I	398,249	0	0	0	0	6.05
6.06	00606	CPMP II	594,500	0	0	0	0	6.06
6.07	00607	BETT PLAZA	759,058	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,091,650	0	0	0	0	6.08
6.09	00609	53RD STREET	225,119	0	0	0	0	6.09
6.10	00610	ELDRIDGE	201,253	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,547,743	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	228,606	0	2,727	0	0	8.00
9.00	00900	HOUSEKEEPING	4,427,279	0	6,746	809	175	9.00
10.00	01000	DIETARY	121,391	0	13,658	0	0	10.00
11.00	01100	CAFETERIA	111,484	0	7,424	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,282,374	0	3,694	0	68	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,421,020	0	33,783	0	0	14.00
15.00	01500	PHARMACY	6,928,721	0	10,374	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,693,644	0	7,317	0	0	16.00
17.00	01700	SOCIAL SERVICE	291,145	0	2,866	245	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,305,057	0	17,446	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,144,697	96,630,145	121,592	0	68	30.00
31.00	03100	INTENSIVE CARE UNIT	5,307,696	14,735,921	3,061	0	0	31.00
32.01	03201	NICU	1,666,143	4,722,623	2,448	0	0	32.01
41.00	04100	SUBPROVIDER - IRF	2,727,335	6,351,340	18,333	0	0	41.00
43.00	04300	NURSERY	2,526,101	3,261,616	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,582,499	108,753,673	51,389	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,562,078	103,503,672	46,300	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,810,698	75,249,087	8,123	3,474	44	55.00
57.00	05700	CT SCAN	1,862,861	64,252,129	1,710	0	0	57.00
58.00	05800	MRI	812,684	17,796,497	4,798	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,828,293	128,045,361	10,287	0	0	59.00
60.00	06000	LABORATORY	9,217,649	69,256,307	17,362	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,530,962	4,682,262	338	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,478,572	27,004,790	4,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,240,791	49,762,450	69,684	133	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,316,169	24,098,111	8,693	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	924,972	9,810,337	5,284	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,628,569	84,932,954	790	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740,536	80,407,775	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,843,336	89,058,321	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	44,076	429,999	0	0	0	90.01
90.02	09002	OP INSTITUTES	2,312,220	12,855,467	4,695	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	372,012	556,968	157	0	0	90.04
90.05	09005	PAIN MANAGEMENT	1,099,129	7,318,951	0	0	0	90.05
91.00	09100	EMERGENCY	8,000,614	67,232,072	21,163	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,056,504	1,150,708,828	507,143	4,661	355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,751	0	257	0	0	190.00
190.01	19001	AUXILIARY	164,164	0	5,995	0	0	190.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHAR GES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	139,367	0	100	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	507,605	0	10,968	27,372	33,673	192.01
192.02	19202	FOUNDATION	11,010	0	426	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,007,649	0	6,177	7,230	0	192.04
192.05	19205	PHASE III REHAB	57,793	0	2,477	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,779,393	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	30	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	114,305	0	0	0	0	192.09
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)	50,450,668	9,305,066	10,909,262	679,446	770,888	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.191942	0.008086	20.446828	17.304995	22.654520	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,608,345	107,170	2,142,024	686,694	741,993	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013728	0.000093	4.014717	17.489596	21.805366	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590 ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560 ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591 ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
6.01	00601 MOB I						6.01
6.02	00602 MOB II						6.02
6.03	00603 BETT MED PARK	22,943					6.03
6.04	00604 NW CLINICS	0	10,225				6.04
6.05	00605 CPMP I	0	0	51,357			6.05
6.06	00606 CPMP II	0	0	0	46,854		6.06
6.07	00607 BETT PLAZA	0	0	0	0	56,557	6.07
6.08	00608 HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609 53RD STREET	0	0	0	0	0	6.09
6.10	00610 ELDRIDGE	0	0	0	0	0	6.10
7.00	00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	26	0	49	0	0	9.00
10.00	01000 DIETARY	0	0	1,305	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
11.01	01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	0	144	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	2,119	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	242	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201 NICU	0	0	0	0	0	32.01
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	16,914	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	12,280	1,276	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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	10,621	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	141	1,645	3,078	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	6,254	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 AUXILLARY	0	0	0	0	0	190.01
190.02	19002 FIRST MED CLINICS	3,384	4,048	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	0	0	0	0	0	191.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
			6.03	6.04	6.05	6.06	6.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	19,533	6,177	20,524	43,691	33,315	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	522,315	278,172	474,690	708,610	904,753	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.765767	27.205086	9.242946	15.123789	15.997189	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	598,922	260,207	584,627	724,464	973,465	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	26.104781	25.448117	11.383589	15.462159	17.212105	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	75,097				6.08
6.09	00609	53RD STREET	0	13,636			6.09
6.10	00610	ELDRIDGE	0	0	7,560		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	533,543	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,727	8.00
9.00	00900	HOUSEKEEPING	0	0	0	6,746	9.00
10.00	01000	DIETARY	0	0	0	13,658	10.00
11.00	01100	CAFETERIA	0	0	0	7,424	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,694	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	33,783	14.00
15.00	01500	PHARMACY	0	0	0	10,374	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,317	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,866	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	17,446	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	121,592	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,061	31.00
32.01	03201	NICU	0	0	0	2,448	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	18,333	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	51,389	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,300	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,123	55.00
57.00	05700	CT SCAN	0	0	0	1,710	57.00
58.00	05800	MRI	0	0	0	4,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,287	59.00
60.00	06000	LABORATORY	0	0	0	17,362	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	338	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,901	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	69,684	66.00
69.00	06900	ELECTROCARDIOLOGY	31,192	0	0	8,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	4,695	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	157	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	21,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	208,293	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,192	0	0	507,143	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	257	190.00
190.01	19001	AUXILLARY	0	0	0	5,995	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,968	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	6,177	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,301,183	268,329	239,882	3,036,762	343,764	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.326697	19.677985	31.730423	5.691691	0.266763	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,298,984	308,682	250,273	34,975	56,289	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.297415	22.637284	33.104894	0.065552	0.043681	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL - HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	479,159					9.00
10.00	01000	DIETARY	13,658	814,069				10.00
11.00	01100	CAFETERIA	7,424	658,974	658,974			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	658,974	131,878		11.01
13.00	01300	NURSING ADMINISTRATION	3,694	0	0	2,292	1,039,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,783	0	0	1,925	0	14.00
15.00	01500	PHARMACY	10,196	0	0	5,948	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	2	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,592	141,929	0	41,910	555,307	30.00
31.00	03100	INTENSIVE CARE UNIT	3,061	13,166	0	5,292	38,288	31.00
32.01	03201	NICU	2,448	0	0	1,827	34,696	32.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	3,180	36,352	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,389	0	0	9,620	126,748	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,300	0	0	9,570	18,373	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,123	0	0	3,650	24,264	55.00
57.00	05700	CT SCAN	1,710	0	0	1,182	11	57.00
58.00	05800	MRI	4,798	0	0	432	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,287	0	0	3,192	19,659	59.00
60.00	06000	LABORATORY	17,362	0	0	6,489	35	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,901	0	0	3,094	0	65.00
66.00	06600	PHYSICAL THERAPY	69,684	0	0	14,985	179	66.00
69.00	06900	ELECTROCARDIOLOGY	8,693	0	0	2,922	11,655	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,284	0	0	947	1,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	71	0	90.01
90.02	09002	OP INSTITUTES	4,695	0	0	2,239	30,807	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	157	0	0	582	5,357	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	1,391	19,129	90.05
91.00	09100	EMERGENCY	21,163	0	0	8,978	117,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,159	814,069	658,974	131,720	1,039,403	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILLARY	0	0	0	0	0	190.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	157	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	1	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
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)	5,472,400	669,739	953,863	953,863	2,878,652	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.420844	0.822705	1.447497	7.232920	2.769524	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	542,035	409,731	437,228	437,228	638,433	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.131222	0.433286	0.663498	3.315398	0.614230	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: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,704,684					14.00
15.00	01500	PHARMACY	288,590	26,096,836				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,150,708,828			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	62,675		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,841,963	0	96,630,145	49,911	0	30.00
31.00	03100	INTENSIVE CARE UNIT	671,922	0	14,735,921	4,665	0	31.00
32.01	03201	NICU	71,572	0	4,722,623	2,595	0	32.01
41.00	04100	SUBPROVIDER - IRF	80,910	0	6,351,340	5,504	0	41.00
43.00	04300	NURSERY	0	0	3,261,616	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,974,271	0	108,753,673	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	615,105	0	103,503,672	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	118,679	11,253,500	75,249,087	0	0	55.00
57.00	05700	CT SCAN	170,936	0	64,252,129	0	0	57.00
58.00	05800	MRI	10,472	0	17,796,497	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	682,564	0	128,045,361	0	0	59.00
60.00	06000	LABORATORY	270,320	0	69,256,307	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,682,262	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	253,698	0	27,004,790	0	0	65.00
66.00	06600	PHYSICAL THERAPY	80,989	0	49,762,450	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	55,437	0	24,098,111	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,933	0	9,810,337	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,616,706	0	84,932,954	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740,536	0	80,407,775	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,843,336	89,058,321	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	429,999	0	0	90.01
90.02	09002	OP INSTITUTES	132,145	0	12,855,467	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	10,866	0	556,968	0	0	90.04
90.05	09005	PAIN MANAGEMENT	78,724	0	7,318,951	0	0	90.05
91.00	09100	EMERGENCY	835,346	0	67,232,072	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,704,684	26,096,836	1,150,708,828	62,675	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,744,331	8,731,668	4,711,328	462,587	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.146938	0.334587	0.004094	7.380726	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,422,757	504,675	235,188	70,005	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026995	0.019339	0.000204	1.116953	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)	
		SERVICES-OTHER PRGM COSTS		
		APPRV (ASSIGNED TIME)		
		22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED		5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL		5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS		5.03
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MOB I		6.01
6.02	00602	MOB II		6.02
6.03	00603	BETT MED PARK		6.03
6.04	00604	NW CLINICS		6.04
6.05	00605	CPMP I		6.05
6.06	00606	CPMP II		6.06
6.07	00607	BETT PLAZA		6.07
6.08	00608	HEART INSTITUTE		6.08
6.09	00609	53RD STREET		6.09
6.10	00610	ELDRIDGE		6.10
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,327	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	19,609	30.00
31.00	03100	INTENSIVE CARE UNIT	1,117	31.00
32.01	03201	NICU	1,231	32.01
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,049	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	262	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICAL PSYCH	0	90.01
90.02	09002	OP INSTITUTES	0	90.02
90.03	09003	MARC	0	90.03
90.04	09004	BARIATRIC CLINIC	0	90.04
90.05	09005	PAIN MANAGEMENT	0	90.05
91.00	09100	EMERGENCY	2,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,283	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

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

Worksheet B-1

Date/Time Prepared:
9/24/2019 11:54 am

	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM - PASTORAL CARE (PATIENT DAYS)		9/24/2019 11:54 am
		SERVICES-OTHER PRGM COSTS			
		APPRV (ASSIGNED TIME)			
		22.00			
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	AUXILLARY	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,044	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
192.09	19209	RETAIL PHARMACY	0	0	192.09
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,594,696	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	130.061879	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	398,774	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.288080	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,815,682		46,815,682	0	46,815,682	30.00
31.00	03100	INTENSIVE CARE UNIT	6,926,627		6,926,627	0	6,926,627	31.00
32.01	03201	NICU	2,276,439		2,276,439	0	2,276,439	32.01
41.00	04100	SUBPROVIDER - IRF	3,994,323		3,994,323	0	3,994,323	41.00
43.00	04300	NURSERY	3,050,692		3,050,692	0	3,050,692	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,228,612		24,228,612	0	24,228,612	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,376,599		25,376,599	0	25,376,599	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,147,143		24,147,143	6	24,147,149	55.00
57.00	05700	CT SCAN	3,100,944		3,100,944	0	3,100,944	57.00
58.00	05800	MRI	1,370,307		1,370,307	0	1,370,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,083,302		9,083,302	40	9,083,342	59.00
60.00	06000	LABORATORY	12,569,301		12,569,301	0	12,569,301	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,894,543		1,894,543	0	1,894,543	63.00
65.00	06500	RESPIRATORY THERAPY	3,526,969	0	3,526,969	0	3,526,969	65.00
66.00	06600	PHYSICAL THERAPY	20,491,400	0	20,491,400	0	20,491,400	66.00
69.00	06900	ELECTROCARDIOLOGY	3,982,771		3,982,771	0	3,982,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,450,650		1,450,650	0	1,450,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,681,591		28,681,591	0	28,681,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,087,344		30,087,344	0	30,087,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,743,520		23,743,520	0	23,743,520	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	58,287		58,287	0	58,287	90.01
90.02	09002	OP INSTITUTES	3,286,811		3,286,811	0	3,286,811	90.02
90.03	09003	MARC	0		0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	476,741		476,741	48	476,789	90.04
90.05	09005	PAIN MANAGEMENT	1,573,896		1,573,896	0	1,573,896	90.05
91.00	09100	EMERGENCY	11,718,228		11,718,228	4	11,718,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,598,532		6,598,532	0	6,598,532	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	300,511,254	0	300,511,254	98	300,511,352	200.00
201.00		Less Observation Beds	6,598,532		6,598,532		6,598,532	201.00
202.00		Total (see instructions)	293,912,722	0	293,912,722	98	293,912,820	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 am

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,750,176		81,750,176			30.00
31.00	03100	INTENSIVE CARE UNIT	14,735,921		14,735,921			31.00
32.01	03201	NICU	4,722,623		4,722,623			32.01
41.00	04100	SUBPROVIDER - IRF	6,351,340		6,351,340			41.00
43.00	04300	NURSERY	3,261,616		3,261,616			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,897,871	50,855,802	108,753,673	0.222784	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,652,023	91,851,649	103,503,672	0.245176	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	348,907	74,900,180	75,249,087	0.320896	0.000000	55.00
57.00	05700	CT SCAN	18,293,136	45,958,993	64,252,129	0.048262	0.000000	57.00
58.00	05800	MRI	3,635,909	14,160,588	17,796,497	0.076999	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,279,060	79,766,301	128,045,361	0.070938	0.000000	59.00
60.00	06000	LABORATORY	36,639,234	32,617,073	69,256,307	0.181490	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,637,419	1,044,843	4,682,262	0.404621	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,035,991	3,968,799	27,004,790	0.130605	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	17,650,318	32,112,132	49,762,450	0.411784	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	9,519,643	14,578,468	24,098,111	0.165273	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	534,500	9,275,837	9,810,337	0.147870	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,744,075	39,188,879	84,932,954	0.337697	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,360,864	24,046,911	80,407,775	0.374185	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,616,241	24,442,080	89,058,321	0.266606	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	1,046	428,953	429,999	0.135551	0.000000	90.01
90.02	09002	OP INSTITUTES	210,000	12,645,467	12,855,467	0.255674	0.000000	90.02
90.03	09003	MARC	0	0	0	0.000000	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	500	556,468	556,968	0.855958	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	2,774	7,316,177	7,318,951	0.215044	0.000000	90.05
91.00	09100	EMERGENCY	11,063,822	56,168,250	67,232,072	0.174295	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,165,104	714,865	14,879,969	0.443451	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	534,110,113	616,598,715	1,150,708,828			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	534,110,113	616,598,715	1,150,708,828			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.01	03201	NICU			32.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222784		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245176		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.320896		55.00
57.00	05700	CT SCAN	0.048262		57.00
58.00	05800	MRI	0.076999		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070938		59.00
60.00	06000	LABORATORY	0.181490		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.404621		63.00
65.00	06500	RESPIRATORY THERAPY	0.130605		65.00
66.00	06600	PHYSICAL THERAPY	0.411784		66.00
69.00	06900	ELECTROCARDIOLOGY	0.165273		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147870		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.337697		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.374185		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266606		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.135551		90.01
90.02	09002	OP INSTITUTES	0.255674		90.02
90.03	09003	MARC	0.000000		90.03
90.04	09004	BARIATRIC CLINIC	0.856044		90.04
90.05	09005	PAIN MANAGEMENT	0.215044		90.05
91.00	09100	EMERGENCY	0.174295		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.443451		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 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	46,815,682		46,815,682	0	46,815,682	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,926,627		6,926,627	0	6,926,627	31.00	
32.01	03201	NICU	2,276,439		2,276,439	0	2,276,439	32.01	
41.00	04100	SUBPROVIDER - IRF	3,994,323		3,994,323	0	3,994,323	41.00	
43.00	04300	NURSERY	3,050,692		3,050,692	0	3,050,692	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,228,612		24,228,612	0	24,228,612	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,376,599		25,376,599	0	25,376,599	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	24,147,143		24,147,143	6	24,147,149	55.00	
57.00	05700	CT SCAN	3,100,944		3,100,944	0	3,100,944	57.00	
58.00	05800	MRI	1,370,307		1,370,307	0	1,370,307	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,083,302		9,083,302	40	9,083,342	59.00	
60.00	06000	LABORATORY	12,569,301		12,569,301	0	12,569,301	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,894,543		1,894,543	0	1,894,543	63.00	
65.00	06500	RESPIRATORY THERAPY	3,526,969	0	3,526,969	0	3,526,969	65.00	
66.00	06600	PHYSICAL THERAPY	20,491,400	0	20,491,400	0	20,491,400	66.00	
69.00	06900	ELECTROCARDIOLOGY	3,982,771		3,982,771	0	3,982,771	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,450,650		1,450,650	0	1,450,650	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,681,591		28,681,591	0	28,681,591	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,087,344		30,087,344	0	30,087,344	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	23,743,520		23,743,520	0	23,743,520	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	58,287		58,287	0	58,287	90.01	
90.02	09002	OP INSTITUTES	3,286,811		3,286,811	0	3,286,811	90.02	
90.03	09003	MARC	0		0	0	0	90.03	
90.04	09004	BARIATRIC CLINIC	476,741		476,741	48	476,789	90.04	
90.05	09005	PAIN MANAGEMENT	1,573,896		1,573,896	0	1,573,896	90.05	
91.00	09100	EMERGENCY	11,718,228		11,718,228	4	11,718,232	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,598,532		6,598,532		6,598,532	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
200.00		Subtotal (see instructions)	300,511,254	0	300,511,254	98	300,511,352	200.00	
201.00		Less Observation Beds	6,598,532		6,598,532		6,598,532	201.00	
202.00		Total (see instructions)	293,912,722	0	293,912,722	98	293,912,820	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,750,176		81,750,176		30.00
31.00	03100	INTENSIVE CARE UNIT	14,735,921		14,735,921		31.00
32.01	03201	NICU	4,722,623		4,722,623		32.01
41.00	04100	SUBPROVIDER - IRF	6,351,340		6,351,340		41.00
43.00	04300	NURSERY	3,261,616		3,261,616		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,897,871	50,855,802	108,753,673	0.222784	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,652,023	91,851,649	103,503,672	0.245176	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	348,907	74,900,180	75,249,087	0.320896	0.000000
57.00	05700	CT SCAN	18,293,136	45,958,993	64,252,129	0.048262	0.000000
58.00	05800	MRI	3,635,909	14,160,588	17,796,497	0.076999	0.000000
59.00	05900	CARDIAC CATHETERIZATION	48,279,060	79,766,301	128,045,361	0.070938	0.000000
60.00	06000	LABORATORY	36,639,234	32,617,073	69,256,307	0.181490	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,637,419	1,044,843	4,682,262	0.404621	0.000000
65.00	06500	RESPIRATORY THERAPY	23,035,991	3,968,799	27,004,790	0.130605	0.000000
66.00	06600	PHYSICAL THERAPY	17,650,318	32,112,132	49,762,450	0.411784	0.000000
69.00	06900	ELECTROCARDIOLOGY	9,519,643	14,578,468	24,098,111	0.165273	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	534,500	9,275,837	9,810,337	0.147870	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,744,075	39,188,879	84,932,954	0.337697	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,360,864	24,046,911	80,407,775	0.374185	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	64,616,241	24,442,080	89,058,321	0.266606	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	1,046	428,953	429,999	0.135551	0.000000
90.02	09002	OP INSTITUTES	210,000	12,645,467	12,855,467	0.255674	0.000000
90.03	09003	MARC	0	0	0	0.000000	0.000000
90.04	09004	BARIATRIC CLINIC	500	556,468	556,968	0.855958	0.000000
90.05	09005	PAIN MANAGEMENT	2,774	7,316,177	7,318,951	0.215044	0.000000
91.00	09100	EMERGENCY	11,063,822	56,168,250	67,232,072	0.174295	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,165,104	714,865	14,879,969	0.443451	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
200.00		Subtotal (see instructions)	534,110,113	616,598,715	1,150,708,828		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	534,110,113	616,598,715	1,150,708,828		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.01	03201	NICU			32.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.000000		90.01
90.02	09002	OP INSTITUTES	0.000000		90.02
90.03	09003	MARC	0.000000		90.03
90.04	09004	BARIATRIC CLINIC	0.000000		90.04
90.05	09005	PAIN MANAGEMENT	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
9/24/2019 11:54 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	4,066,407	0	4,066,407	58,100	69.99	30.00
31.00	INTENSIVE CARE UNIT	481,841		481,841	4,665	103.29	31.00
32.01	NICU	148,170		148,170	2,595	57.10	32.01
41.00	SUBPROVIDER - IRF	459,897	0	459,897	5,504	83.56	41.00
43.00	NURSERY	36,568		36,568	3,582	10.21	43.00
200.00	Total (lines 30 through 199)	5,192,883		5,192,883	74,446		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	19,916	1,393,921				30.00
31.00	INTENSIVE CARE UNIT	1,194	123,328				31.00
32.01	NICU	0	0				32.01
41.00	SUBPROVIDER - IRF	2,783	232,547				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	23,893	1,749,796				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
9/24/2019 11:54 am

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)	Hospital Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,198,524	108,753,673	0.038606	25,686,857	991,667	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,963,730	103,503,672	0.018973	6,099,862	115,733	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,632,985	75,249,087	0.021701	222,980	4,839	55.00
57.00	05700 CT SCAN	477,387	64,252,129	0.007430	7,387,698	54,891	57.00
58.00	05800 MRI	246,874	17,796,497	0.013872	2,004,242	27,803	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,119,249	128,045,361	0.008741	26,123,736	228,348	59.00
60.00	06000 LABORATORY	811,554	69,256,307	0.011718	14,759,886	172,956	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	29,695	4,682,262	0.006342	1,812,415	11,494	63.00
65.00	06500 RESPIRATORY THERAPY	258,478	27,004,790	0.009572	10,896,653	104,303	65.00
66.00	06600 PHYSICAL THERAPY	3,379,082	49,762,450	0.067904	5,310,292	360,590	66.00
69.00	06900 ELECTROCARDIOLOGY	1,399,481	24,098,111	0.058074	5,276,885	306,450	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	204,875	9,810,337	0.020884	262,056	5,473	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	880,943	84,932,954	0.010372	22,322,734	231,531	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	909,215	80,407,775	0.011308	29,049,767	328,495	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	517,263	89,058,321	0.005808	26,235,808	152,378	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	986	429,999	0.002293	0	0	90.01
90.02	09002 OP INSTITUTES	498,788	12,855,467	0.038800	196,711	7,632	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	80,919	556,968	0.145285	332	48	90.04
90.05	09005 PAIN MANAGEMENT	357,325	7,318,951	0.048822	2,162	106	90.05
91.00	09100 EMERGENCY	860,436	67,232,072	0.012798	6,131,029	78,465	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	573,148	14,879,969	0.038518	3,656,257	140,832	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	20,400,937	1,039,887,152		193,438,362	3,324,034	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part III
Date/Time Prepared:
9/24/2019 11:54 am

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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.01	03201	NICU	0	0	0	0	0	32.01	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	58,100	0.00	19,916	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,665	0.00	1,194	31.00	
32.01	03201	NICU		0	2,595	0.00	0	32.01	
41.00	04100	SUBPROVIDER - IRF	0	0	5,504	0.00	2,783	41.00	
43.00	04300	NURSERY		0	3,582	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	74,446		23,893	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
32.01	03201	NICU	0						32.01
41.00	04100	SUBPROVIDER - IRF	0						41.00
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: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	108,753,673	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	103,503,672	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	75,249,087	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	64,252,129	0.000000	57.00
58.00	05800	MRI	0	0	0	17,796,497	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	128,045,361	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,256,307	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,682,262	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,004,790	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,762,450	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,098,111	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,810,337	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	84,932,954	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	80,407,775	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	89,058,321	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	429,999	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	12,855,467	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	556,968	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	7,318,951	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	67,232,072	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,879,969	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	1,039,887,152		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 am	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		25,686,857	0	11,995,327	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		6,099,862	0	25,195,367	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		222,980	0	31,105,514	0	55.00
57.00	05700	CT SCAN	0.000000		7,387,698	0	13,539,192	0	57.00
58.00	05800	MRI	0.000000		2,004,242	0	2,973,524	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		26,123,736	0	39,977,552	0	59.00
60.00	06000	LABORATORY	0.000000		14,759,886	0	7,481,132	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		1,812,415	0	394,969	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		10,896,653	0	1,180,548	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		5,310,292	0	3,517	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		5,276,885	0	4,463,062	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		262,056	0	2,303,478	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		22,322,734	0	15,997,900	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		29,049,767	0	11,269,064	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		26,235,808	0	7,420,276	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	0.000000		0	0	2,091	0	90.01
90.02	09002	OP INSTITUTES	0.000000		196,711	0	6,600,237	0	90.02
90.03	09003	MARC	0.000000		0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0.000000		332	0	50,827	0	90.04
90.05	09005	PAIN MANAGEMENT	0.000000		2,162	0	2,249,849	0	90.05
91.00	09100	EMERGENCY	0.000000		6,131,029	0	8,342,259	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		3,656,257	0	107,236	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			193,438,362	0	192,652,921	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 9/24/2019 11:54 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		0.222784	11,995,327	0	0	2,672,367	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.245176	25,195,367	0	0	6,177,299	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.320896	31,105,514	0	0	9,981,635	55.00
57.00	05700	CT SCAN		0.048262	13,539,192	0	0	653,428	57.00
58.00	05800	MRI		0.076999	2,973,524	0	0	228,958	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.070938	39,977,552	0	0	2,835,928	59.00
60.00	06000	LABORATORY		0.181490	7,481,132	0	0	1,357,751	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.404621	394,969	0	0	159,813	63.00
65.00	06500	RESPIRATORY THERAPY		0.130605	1,180,548	0	0	154,185	65.00
66.00	06600	PHYSICAL THERAPY		0.411784	3,517	0	0	1,448	66.00
69.00	06900	ELECTROCARDIOLOGY		0.165273	4,463,062	0	0	737,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.147870	2,303,478	0	0	340,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.337697	15,997,900	0	0	5,402,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.374185	11,269,064	0	0	4,216,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.266606	7,420,276	0	81,852	1,978,290	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0.135551	2,091	0	0	283	90.01
90.02	09002	OP INSTITUTES		0.255674	6,600,237	0	0	1,687,509	90.02
90.03	09003	MARC		0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0.855958	50,827	0	0	43,506	90.04
90.05	09005	PAIN MANAGEMENT		0.215044	2,249,849	0	0	483,817	90.05
91.00	09100	EMERGENCY		0.174295	8,342,259	0	0	1,454,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.443451	107,236	0	0	47,554	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
200.00		Subtotal (see instructions)			192,652,921	0	81,852	40,615,182	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)			192,652,921	0	81,852	40,615,182	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
9/24/2019 11:54 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
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
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	21,822		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	0		90.01
90.02	09002	OP INSTITUTES	0	0		90.02
90.03	09003	MARC	0	0		90.03
90.04	09004	BARIATRIC CLINIC	0	0		90.04
90.05	09005	PAIN MANAGEMENT	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	21,822		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	21,822		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
9/24/2019 11:54 am

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	4,198,524	108,753,673	0.038606	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,963,730	103,503,672	0.018973	77,528	1,471 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,632,985	75,249,087	0.021701	30,145	654 55.00
57.00	05700 CT SCAN	477,387	64,252,129	0.007430	53,581	398 57.00
58.00	05800 MRI	246,874	17,796,497	0.013872	37,977	527 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,119,249	128,045,361	0.008741	0	0 59.00
60.00	06000 LABORATORY	811,554	69,256,307	0.011718	496,416	5,817 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	29,695	4,682,262	0.006342	3,447	22 63.00
65.00	06500 RESPIRATORY THERAPY	258,478	27,004,790	0.009572	65,619	628 65.00
66.00	06600 PHYSICAL THERAPY	3,379,082	49,762,450	0.067904	3,782,665	256,858 66.00
69.00	06900 ELECTROCARDIOLOGY	1,399,481	24,098,111	0.058074	9,876	574 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	204,875	9,810,337	0.020884	4,132	86 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	880,943	84,932,954	0.010372	180,697	1,874 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	909,215	80,407,775	0.011308	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	517,263	89,058,321	0.005808	1,007,040	5,849 73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH	986	429,999	0.002293	0	0 90.01
90.02	09002 OP INSTITUTES	498,788	12,855,467	0.038800	4,691	182 90.02
90.03	09003 MARC	0	0	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	80,919	556,968	0.145285	0	0 90.04
90.05	09005 PAIN MANAGEMENT	357,325	7,318,951	0.048822	168	8 90.05
91.00	09100 EMERGENCY	860,436	67,232,072	0.012798	2,778	36 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	14,879,969	0.000000	5,131	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)	19,827,789	1,039,887,152		5,761,891	274,984 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 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	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 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)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	108,753,673	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	103,503,672	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	75,249,087	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	64,252,129	0.000000	57.00
58.00	05800	MRI		0	0	0	17,796,497	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	128,045,361	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	69,256,307	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	4,682,262	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	27,004,790	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	49,762,450	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	24,098,111	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	9,810,337	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	84,932,954	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	80,407,775	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	89,058,321	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0	0	0	429,999	0.000000	90.01
90.02	09002	OP INSTITUTES		0	0	0	12,855,467	0.000000	90.02
90.03	09003	MARC		0	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC		0	0	0	556,968	0.000000	90.04
90.05	09005	PAIN MANAGEMENT		0	0	0	7,318,951	0.000000	90.05
91.00	09100	EMERGENCY		0	0	0	67,232,072	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	14,879,969	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	1,039,887,152		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 9/24/2019 11:54 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	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	77,528	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	30,145	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	53,581	0	0	0	57.00
58.00	05800	MRI		0.000000	37,977	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	496,416	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	3,447	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	65,619	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	3,782,665	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	9,876	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,132	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	180,697	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	1,007,040	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH		0.000000	0	0	0	0	90.01
90.02	09002	OP INSTITUTES		0.000000	4,691	0	0	0	90.02
90.03	09003	MARC		0.000000	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT		0.000000	168	0	0	0	90.05
91.00	09100	EMERGENCY		0.000000	2,778	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	5,131	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			5,761,891	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
9/24/2019 11:54 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	0.222784	0	0	0	0 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245176	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.320896	0	0	0	0 55.00
57.00	05700 CT SCAN	0.048262	0	0	0	0 57.00
58.00	05800 MRI	0.076999	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070938	0	0	0	0 59.00
60.00	06000 LABORATORY	0.181490	0	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.404621	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.130605	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.411784	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.165273	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.147870	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.337697	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.374185	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266606	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH	0.135551	0	0	0	0 90.01
90.02	09002 OP INSTITUTES	0.255674	0	0	0	0 90.02
90.03	09003 MARC	0.000000	0	0	0	0 90.03
90.04	09004 BARIATRIC CLINIC	0.855958	0	0	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.215044	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.174295	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.443451	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		0 95.00
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0033

Period:

Worksheet D

Component CCN: 16-T033

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
9/24/2019 11:54 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
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
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
74.00	07400	RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICAL PSYCH	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	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: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 9/24/2019 11:54 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)		58,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,100	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)		49,911	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)		19,916	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)		46,815,682	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)		46,815,682	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)		46,815,682	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)		805.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,047,914	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)		16,047,914	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 9/24/2019 11:54 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)	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,926,627	4,665	1,484.81	1,194	1,772,863	43.00
44.00 CORONARY CARE UNIT						44.00
44.01 NICU	2,276,439	2,595	877.24	0	0	44.01
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)					45,730,543	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,551,320	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)					1,517,249	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,324,034	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,841,283	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,710,037	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)					8,189	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					805.78	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,598,532	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0033

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

Worksheet D-1

Date/Time Prepared:
9/24/2019 11:54 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,066,407	46,815,682	0.086860	6,598,532	573,148	90.00
91.00 Nursing School cost	0	46,815,682	0.000000	6,598,532	0	91.00
92.00 Allied health cost	0	46,815,682	0.000000	6,598,532	0	92.00
93.00 All other Medical Education	0	46,815,682	0.000000	6,598,532	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 9/24/2019 11:54 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)		5,504	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,504	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)		5,504	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)		2,783	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)		3,994,323	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)		3,994,323	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)		3,994,323	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)		725.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,019,651	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)		2,019,651	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 9/24/2019 11:54 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	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						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					2,027,633	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,047,284	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)					232,547	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					274,984	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					507,531	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,539,753	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: 16-0033

Period:

Worksheet D-1

Component CCN: 16-T033

From 07/01/2018
To 06/30/2019Date/Time Prepared:
9/24/2019 11:54 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	459,897	3,994,323	0.115138	0	0	90.00
91.00	Nursing School cost	0	3,994,323	0.000000	0	0	91.00
92.00	Allied health cost	0	3,994,323	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,994,323	0.000000	0	0	93.00

Health Financial Systems		GENESIS MEDICAL CENTER - DAVENPORT		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 9/24/2019 11:54 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,440,035	30.00
31.00	03100	INTENSIVE CARE UNIT		6,382,681	31.00
32.01	03201	NICU		0	32.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.222784	25,686,857	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245176	6,099,862	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.320896	222,980	55.00
57.00	05700	CT SCAN	0.048262	7,387,698	57.00
58.00	05800	MRI	0.076999	2,004,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070938	26,123,736	59.00
60.00	06000	LABORATORY	0.181490	14,759,886	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.404621	1,812,415	63.00
65.00	06500	RESPIRATORY THERAPY	0.130605	10,896,653	65.00
66.00	06600	PHYSICAL THERAPY	0.411784	5,310,292	66.00
69.00	06900	ELECTROCARDIOLOGY	0.165273	5,276,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147870	262,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.337697	22,322,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.374185	29,049,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266606	26,235,808	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.135551	0	90.01
90.02	09002	OP INSTITUTES	0.255674	196,711	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	0.856044	332	90.04
90.05	09005	PAIN MANAGEMENT	0.215044	2,162	90.05
91.00	09100	EMERGENCY	0.174295	6,131,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.443451	3,656,257	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		193,438,362	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)		193,438,362	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 9/24/2019 11:54 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
32.01	03201 NICU		0		32.01
41.00	04100 SUBPROVIDER - IRF		3,082,137		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.222784	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245176	77,528	19,008	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.320896	30,145	9,673	55.00
57.00	05700 CT SCAN	0.048262	53,581	2,586	57.00
58.00	05800 MRI	0.076999	37,977	2,924	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070938	0	0	59.00
60.00	06000 LABORATORY	0.181490	496,416	90,095	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.404621	3,447	1,395	63.00
65.00	06500 RESPIRATORY THERAPY	0.130605	65,619	8,570	65.00
66.00	06600 PHYSICAL THERAPY	0.411784	3,782,665	1,557,641	66.00
69.00	06900 ELECTROCARDIOLOGY	0.165273	9,876	1,632	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.147870	4,132	611	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.337697	180,697	61,021	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.374185	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266606	1,007,040	268,483	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.135551	0	0	90.01
90.02	09002 OP INSTITUTES	0.255674	4,691	1,199	90.02
90.03	09003 MARC	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0.856044	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.215044	168	36	90.05
91.00	09100 EMERGENCY	0.174295	2,778	484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.443451	5,131	2,275	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,761,891	2,027,633	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)		5,761,891		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
9/24/2019 11:54 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)			13,014,699	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			43,648,478	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			1,492,937	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			20,982,006	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			272.56	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)			11.57	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			16.98	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			11.57	12.00
13.00	Total allowable FTE count for the prior year.			11.57	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.			11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.			11.57	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			11.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.042449	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.053276	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.042449	21.00
22.00	IME payment adjustment (see instructions)			1,298,890	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			480,971	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).			3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			5.41	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)			3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.011300	26.00
27.00	IME payments adjustment factor. (see instructions)			0.003010	27.00
28.00	IME add-on adjustment amount (see instructions)			170,556	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			63,156	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,469,446	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			544,127	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.70	31.00
32.00	Sum of lines 30 and 31			30.13	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.07	33.00
34.00	Disproportionate share adjustment (see instructions)			1,993,127	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 9/24/2019 11:54 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,099,799	1,969,892		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	529,265	1,473,371		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,002,636			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	63,621,323			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			64,165,450	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,107,878	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).			576,525	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			10,955	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)			69,860,808	59.00
60.00	Primary payer payments			69,914	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			69,790,894	61.00
62.00	Deductibles billed to program beneficiaries			5,654,311	62.00
63.00	Coinsurance billed to program beneficiaries			136,008	63.00
64.00	Allowable bad debts (see instructions)			274,013	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			178,108	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			139,367	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			64,178,683	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			3,822	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	MISC			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)			-214,269	70.93
70.94	HRR adjustment amount (see instructions)			-396,609	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
9/24/2019 11:54 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,563,983	71.00	
71.01	Sequestration adjustment (see instructions)		1,271,280	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		62,392,787	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-100,084	74.00	
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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 9/24/2019 11:54 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,822	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,615,182	2.00
3.00	OPPS payments		40,230,863	3.00
4.00	Outlier payment (see instructions)		250,154	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)		21,822	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,852	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		81,852	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		81,852	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,030	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)		21,822	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)		40,481,017	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		215,092	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,743,194	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)		33,544,553	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		346,746	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)		33,891,299	30.00
31.00	Primary payer payments		24,280	31.00
32.00	Subtotal (line 30 minus line 31)		33,867,019	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)		247,118	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		160,627	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		114,073	36.00
37.00	Subtotal (see instructions)		34,027,646	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		34,027,646	40.00
40.01	Sequestration adjustment (see instructions)		680,553	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,431,497	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-84,404	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 9/24/2019 11:54 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
9/24/2019 11:54 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		62,339,087		33,382,297	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	10/23/2018	53,700	10/23/2018	49,200	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)		53,700		49,200	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)		62,392,787		33,431,497	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		100,084		84,404	6.02
7.00	Total Medicare program liability (see instructions)		62,292,703		33,347,093	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: 16-0033

Period:

Worksheet E-1

Component CCN: 16-T033

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
9/24/2019 11:54 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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,378,205		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)		4,378,205		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		45,109		0	6.02
7.00	Total Medicare program liability (see instructions)		4,333,096		0	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: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
9/24/2019 11:54 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: 16-0033 Component CCN: 16-T033	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 9/24/2019 11:54 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,212,679 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0155 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			171,456 3.00
4.00	Outlier Payments			95,055 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)			15.079452 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)			4,479,190 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)			4,479,190 17.00
18.00	Primary payer payments			3,224 18.00
19.00	Subtotal (line 17 less line 18).			4,475,966 19.00
20.00	Deductibles			27,112 20.00
21.00	Subtotal (line 19 minus line 20)			4,448,854 21.00
22.00	Coinsurance			27,327 22.00
23.00	Subtotal (line 21 minus line 22)			4,421,527 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,421,527 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	MISC			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)			4,421,527 32.00
32.01	Sequestration adjustment (see instructions)			88,431 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,378,205 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)			-45,109 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			95,055 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 9/24/2019 11:54 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.			15.51	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			2.71	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)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			16.98	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	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.	16.98	0.00	16.98	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.	12.80	0.00	12.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		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	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		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	12.80	0.00		17.00
18.00	Per resident amount	139,852.12	136,486.98		18.00
19.00	Approved amount for resident costs	1,790,107	0	1,790,107	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)			4.18	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)			1,790,107	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,893	9,820		26.00
27.00	Total Inpatient Days (see instructions)	62,675	62,675		27.00
28.00	Ratio of inpatient days to total inpatient days	0.381221	0.156681		28.00
29.00	Program direct GME amount	682,426	280,476		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		39,631		30.00
31.00	Net Program direct GME amount			923,271	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 9/24/2019 11:54 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)			67,598,604	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)			73,138	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			67,525,466	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			40,637,004	42.00
43.00	Primary payer payments (see instructions)			24,280	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			40,612,724	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			108,138,190	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.624437	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.375563	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			923,271	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			576,525	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			346,746	50.00

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

Provider CCN: 16-0033

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

Worksheet G

Date/Time Prepared:
9/24/2019 11:54 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	6,067,776	0	0	0	1.00
2.00 Temporary investments	423,446	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	147,238,685	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-97,727,214	0	0	0	6.00
7.00 Inventory	11,871,928	0	0	0	7.00
8.00 Prepaid expenses	1,815,429	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)	69,690,050	0	0	0	11.00
FIXED ASSETS					
12.00 Land	8,235,211	0	0	0	12.00
13.00 Land improvements	20,172,283	0	0	0	13.00
14.00 Accumulated depreciation	-14,834,942	0	0	0	14.00
15.00 Buildings	331,586,902	0	0	0	15.00
16.00 Accumulated depreciation	-155,028,263	0	0	0	16.00
17.00 Leasehold improvements	14,590,467	0	0	0	17.00
18.00 Accumulated depreciation	-14,265,000	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	194,582,572	0	0	0	23.00
24.00 Accumulated depreciation	-163,582,635	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)	221,456,595	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	345,685,604	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	782,756	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	346,468,360	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	637,615,005	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	15,147,819	0	0	0	37.00
38.00 Salaries, wages, and fees payable	9,070,993	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	9,345,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	9,679,435	0	0	0	43.00
44.00 Other current liabilities	1,000,113	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	44,243,360	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	154,371,636	0	0	0	47.00
48.00 Unsecured loans	148,153	0	0	0	48.00
49.00 Other long term liabilities	0	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	154,519,789	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	198,763,149	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	438,851,856				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)	438,851,856	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	637,615,005	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0033

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

Worksheet G-1

Date/Time Prepared:
9/24/2019 11:54 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		429,224,983		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,204,197				2.00
3.00	Total (sum of line 1 and line 2)		436,429,180		0		3.00
4.00	NONOPERATING	2,422,676		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)		2,422,676		0		10.00
11.00	Subtotal (line 3 plus line 10)		438,851,856		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		438,851,856		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	NONOPERATING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
9/24/2019 11:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,849,738		73,849,738	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,824,704		6,824,704	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	80,674,442		80,674,442	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,176,301		15,176,301	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,729,427		4,729,427	12.01
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)	19,905,728		19,905,728	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	100,580,170		100,580,170	17.00
18.00	Ancillary services	322,737,455	495,470,629	818,208,084	18.00
19.00	Outpatient services	0	88,393,457	88,393,457	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	99,839,060	64,831,592	164,670,652	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	523,156,685	648,695,678	1,171,852,363	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		348,291,924		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		348,291,924		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0033

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

Worksheet G-3

Date/Time Prepared:
9/24/2019 11:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,171,852,363	1.00
2.00	Less contractual allowances and discounts on patients' accounts	829,273,033	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,579,330	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	348,291,924	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,712,594	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,204,317	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	103,240	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	133,342	14.00
15.00	Revenue from rental of living quarters	793,132	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	1,365,569	24.00
24.01	OUTREACH REVENUE	3,542,565	24.01
24.02	MISCELLANEOUS REVENUE	1,060,153	24.02
24.03	GRANT REVENUE	47,583	24.03
24.04	INTEREST INCOME - RELATED	231,936	24.04
24.05	SPONSOR REVENUE	22,774	24.05
24.06	ROUNDING	0	24.06
25.00	Total other income (sum of lines 6-24)	13,504,611	25.00
26.00	Total (line 5 plus line 25)	7,792,017	26.00
27.00	BAD DEBTS	587,820	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	587,820	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,204,197	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0033	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 9/24/2019 11:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,594,062	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,026	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)		158.76	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.63	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)		120,824	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.70	8.00
9.00	Sum of lines 7 and 8		30.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.29	10.00
11.00	Disproportionate share adjustment (see instructions)		288,966	11.00
12.00	Total prospective capital payments (see instructions)		5,107,878	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