

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/25/2020 2:34 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. JOSEPH MEDICAL CENTER (14-0007) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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) YUESHA CHEN
 Officer or Administrator of Provider(s)

REGIONAL CFO-SOUTH REGION
 Title
 (Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,432,080	115,580	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	3,460	220		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	1,435,540	115,800	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0007		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:34 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 333 NORTH MADISON STREET			PO Box:				1.00				
2.00	City: JOLIET			State: IL		Zip Code: 60435		County: KANE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			PRESENCE ST. JOSEPH MEDICAL CENTER	140007	20994	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF			SJMC PHYSICAL MED & REHAB	14T007	20994	5	09/07/1987	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		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.			2,531	2,096	4	40	10,156	138	24.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	125	95	0	0	394		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)					Y	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
<u>Prospective Payment System (PPS)-Capital</u>								
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
<u>Teaching Hospitals</u>								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0007

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
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11/25/2020 2:34 pm

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

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To 06/30/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00		
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			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.				
		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: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:34 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	7,581,053	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.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0007		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 2:34 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05901				141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y		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.			N				146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
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	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 2:34 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		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.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	11/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 2:34 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-369-5843	ANNE.LITTLE@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	368	134,688	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)		368	134,688	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,078	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	24	8,784	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		425	155,550	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	41	15,006		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)		466			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		8	2,928			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,168	3,621	59,251			1.00
2.00	HMO and other (see instructions)	9,904	10,294				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	1,206	394				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)	25,168	3,621	59,251			7.00
8.00	INTENSIVE CARE UNIT	1,658	124	4,597			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	1,862	190	5,601			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		641	2,291			13.00
14.00	Total (see instructions)	28,688	4,576	71,740	4.92	1,079.35	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	9,100	220	12,500	0.00	55.91	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)			237			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)				4.92	1,135.26	27.00
28.00	Observation Bed Days		387	11,122			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	95	258			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			240			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,956	989	16,701	1.00
2.00 HMO and other (see instructions)			1,931	2,046		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				28		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,956	989	16,701	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	729	16	996	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	11/25/2020 2:34 pm 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	94,144,185	0	94,144,185	2,361,351.09	39.87	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00	
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00	
4.00	Physician-Part A - Administrative		113,315	0	113,315	831.92	136.21	4.00	
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01	
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00	
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00	
7.00	Interns & residents (in an approved program)	21.00	0	60,942	60,942	2,080.00	29.30	7.00	
7.01	Contracted interns and residents (in an approved programs)		349,346	0	349,346	7,904.00	44.20	7.01	
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00	
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00	
10.00	Excluded area salaries (see instructions)		4,627,709	60,873	4,688,582	135,838.71	34.52	10.00	
	OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		14,294,401	0	14,294,401	340,461.05	41.99	11.00	
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00	
13.00	Contract labor: Physician-Part A - Administrative		729,669	0	729,669	4,619.00	157.97	13.00	
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00	
14.01	Home office salaries		18,750,357	0	18,750,357	375,859.00	49.89	14.01	
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02	
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00	
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00	
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01	
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02	
	WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		20,425,001	0	20,425,001			17.00	
18.00	Wage-related costs (other) (see instructions)							18.00	
19.00	Excluded areas		1,057,965	0	1,057,965			19.00	
20.00	Non-physician anesthetist Part A		0	0	0			20.00	
21.00	Non-physician anesthetist Part B		0	0	0			21.00	
22.00	Physician Part A - Administrative		25,906	0	25,906			22.00	
22.01	Physician Part A - Teaching		0	0	0			22.01	
23.00	Physician Part B		0	0	0			23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00	
25.00	Interns & residents (in an approved program)		13,932	0	13,932			25.00	
25.50	Home office wage-related (core)		2,940,715	0	2,940,715			25.50	
25.51	Related organization wage-related (core)		0	0	0			25.51	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	86,910	0	86,910	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,893,880	-60,942	3,832,938	87,994.30	43.56	27.00
28.00	Administrative & General under contract (see inst.)		890,810	0	890,810	6,132.00	145.27	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,055,851	0	1,055,851	50,932.25	20.73	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,922,528	0	3,922,528	157,149.41	24.96	33.00
34.00	Dietary	10.00	78,822	-47,673	31,149	218.01	142.88	34.00
35.00	Dietary under contract (see instructions)		4,719,014	-2,854,161	1,864,853	68,770.00	27.12	35.00
36.00	Cafeteria	11.00	0	47,673	47,673	333.67	142.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,596,510	0	3,596,510	78,951.21	45.55	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	3,596,801	-60,873	3,535,928	77,478.86	45.64	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/25/2020 2:34 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,327,191	-2,915,103	100,412,088	2,583,418.50	38.87	1.00
2.00	Excluded area salaries (see instructions)	4,627,709	60,873	4,688,582	135,838.71	34.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,699,482	-2,975,976	95,723,506	2,447,579.79	39.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,774,427	0	33,774,427	720,939.05	46.85	4.00
5.00	Subtotal wage-related costs (see inst.)	23,391,622	0	23,391,622	0.00	24.44	5.00
6.00	Total (sum of lines 3 thru 5)	155,865,531	-2,975,976	152,889,555	3,168,518.84	48.25	6.00
7.00	Total overhead cost (see instructions)	21,841,126	-2,975,976	18,865,150	527,959.71	35.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2020 2:34 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,867,960	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,285,122	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8,599,911	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-142,258	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-108,511	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)		197,309	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,714,780	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		6,869,052	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		125,859	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		113,580	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,522,804	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0007

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/25/2020 2:34 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	14,294,401	21,522,804	1.00
2.00	Hospital	14,294,401	20,588,240	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	934,564	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/25/2020 2:34 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.191992 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	43,541,236		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	339,499,270		6.00
7.00	Medicaid cost (line 1 times line 6)	65,181,144		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)	21,639,908		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	21,639,908		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)	53,470,069	4,092,333	57,562,402 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,265,825	4,092,333	14,358,158 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	10,265,825	4,092,333	14,358,158 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	9,512,731		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,419,929		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,184,505		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,328,226		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,171,537		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	16,529,695		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	38,169,603		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	7,004,129	7,004,129	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,266,924	15,266,924	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	86,910	14,470,491	14,557,401	0	14,557,401	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,893,880	120,972,409	124,866,289	-10,981,622	113,884,667	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,055,851	9,645,314	10,701,165	-416,957	10,284,208	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	801,768	801,768	0	801,768	8.00
9.00	00900	HOUSEKEEPING	0	5,048,767	5,048,767	-46,567	5,002,200	9.00
10.00	01000	DIETARY	78,822	7,001,806	7,080,628	-4,292,267	2,788,361	10.00
11.00	01100	CAFETERIA	0	0	0	4,268,718	4,268,718	11.00
13.00	01300	NURSING ADMINISTRATION	3,596,510	1,259,026	4,855,536	-258,123	4,597,413	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	738,346	738,346	-752,428	-14,082	14.00
15.00	01500	PHARMACY	3,596,801	16,904,241	20,501,042	-16,499,081	4,001,961	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	720	720	-2,166	-1,446	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	60,942	60,942	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	349,346	349,346	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	219,222	22,298	241,520	60,873	302,393	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,205,362	6,759,066	40,964,428	-4,526,891	36,437,537	30.00
31.00	03100	INTENSIVE CARE UNIT	4,354,495	1,847,618	6,202,113	-474,263	5,727,850	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,673,038	870,214	5,543,252	-462,773	5,080,479	34.00
41.00	04100	SUBPROVIDER - IRF	4,087,931	3,878,648	7,966,579	-2,353,867	5,612,712	41.00
43.00	04300	NURSERY	1,346,084	152,846	1,498,930	799,823	2,298,753	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,409,284	32,997,301	42,406,585	-23,746,736	18,659,849	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,748,248	1,748,248	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,641,193	2,177,353	5,818,546	-1,470,175	4,348,371	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	109,752	479,141	588,893	-148,556	440,337	55.00
56.00	05600	RADIOISOTOPE	1,668,753	4,284,052	5,952,805	-3,581,951	2,370,854	56.00
57.00	05700	CT SCAN	848,222	628,220	1,476,442	-493,242	983,200	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	497,313	568,939	1,066,252	-379,046	687,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,866,553	8,743,448	11,610,001	-9,173,502	2,436,499	59.00
60.00	06000	LABORATORY	0	14,408,702	14,408,702	-207,655	14,201,047	60.00
64.00	06400	INTRAVENOUS THERAPY	621,935	95,118	717,053	-44,016	673,037	64.00
65.00	06500	RESPIRATORY THERAPY	2,566,411	1,034,125	3,600,536	-417,665	3,182,871	65.00
66.00	06600	PHYSICAL THERAPY	143,699	8,574,110	8,717,809	1,501,973	10,219,782	66.00
69.00	06900	ELECTROCARDIOLOGY	711,347	317,246	1,028,593	-211,060	817,533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,138	78,876	290,014	-41,963	248,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,479,360	25,479,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,590,742	15,590,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,335,880	17,335,880	73.00
74.00	07400	RENAL DIALYSIS	819,662	575,134	1,394,796	-236,127	1,158,669	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	83,037	83,064	166,101	-5	166,096	76.10
76.97	07697	CARDIAC REHABILITATION	368,889	37,373	406,262	-7,181	399,081	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,061,535	3,829,586	11,891,121	-1,160,578	10,730,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		6,862,549	6,862,549	-6,862,549	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	93,823,629	276,147,915	369,971,544	217,946	370,189,490	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	320,556	4,627,758	4,948,314	-217,946	4,730,368	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	94,144,185	280,775,673	374,919,858	0	374,919,858	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-482,759	6,521,370	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,883,199	22,150,123	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	956,168	15,513,569	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,911,658	117,796,325	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,676,732	12,960,940	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	801,768	8.00
9.00	00900	HOUSEKEEPING	0	5,002,200	9.00
10.00	01000	DIETARY	0	2,788,361	10.00
11.00	01100	CAFETERIA	-1,045,359	3,223,359	11.00
13.00	01300	NURSING ADMINISTRATION	201,500	4,798,913	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-14,082	14.00
15.00	01500	PHARMACY	435,065	4,437,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,403	109,957	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	60,942	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	349,346	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	302,393	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-638,086	35,799,451	30.00
31.00	03100	INTENSIVE CARE UNIT	221,751	5,949,601	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-29,900	5,050,579	34.00
41.00	04100	SUBPROVIDER - IRF	-48,191	5,564,521	41.00
43.00	04300	NURSERY	-110	2,298,643	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,940,798	15,719,051	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,748,248	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,392	4,351,763	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-2,494	437,843	55.00
56.00	05600	RADIOISOTOPE	0	2,370,854	56.00
57.00	05700	CT SCAN	0	983,200	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	687,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	-40,899	2,395,600	59.00
60.00	06000	LABORATORY	244,487	14,445,534	60.00
64.00	06400	INTRAVENOUS THERAPY	0	673,037	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,182,871	65.00
66.00	06600	PHYSICAL THERAPY	-16,998	10,202,784	66.00
69.00	06900	ELECTROCARDIOLOGY	-4,197	813,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	248,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,479,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,590,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,335,880	73.00
74.00	07400	RENAL DIALYSIS	-4,197	1,154,472	74.00
76.00	03950	OTHER ANCILLARY	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	-85,400	80,696	76.10
76.97	07697	CARDIAC REHABILITATION	-34,380	364,701	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,821,425	8,909,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,450,162	378,639,652	118.00
NONREIMBURSABLE COST CENTERS					
192.01	19201	OTHER NRCC	0	4,730,368	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	8,450,162	383,370,020	200.00

RECLASSIFICATIONS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 2:34 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,093,822		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,791,122		2.00
3.00	INTEREST EXPENSE	113.00	0	22,395		3.00
	TOTALS		0	6,907,339		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,578,150		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,475,802		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	15,053,952		
	C - CAFE					
1.00	CAFETERIA	11.00	47,673	4,221,045		1.00
	TOTALS		47,673	4,221,045		
	D - LDR					
1.00	NURSERY	43.00	627,623	208,372		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,503,344	244,904		2.00
	TOTALS		2,130,967	453,276		
	E - RADIOLOGY					
1.00	RADIOLOGY - THERAPEUTIC	55.00	7,188	9,319		1.00
2.00	RADIOISOTOPE	56.00	109,298	6,756		2.00
3.00	CT SCAN	57.00	55,556	2,303		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	32,572	4,621		4.00
	TOTALS		204,614	22,999		
	F - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,049,527		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,286,353		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 2:34 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		0	17,335,880		
	G - INTERN					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	60,942	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	349,346		2.00
	TOTALS		60,942	349,346		
	H - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,479,360		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	25,479,360		
	I - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,590,742		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
	TOTALS		0	15,590,742		
	J - REHAB					
1.00	PHYSICAL THERAPY	66.00	0	2,208,937		1.00
	TOTALS		0	2,208,937		
	K - PHARMA PARAMED					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	60,873	0		1.00
	TOTALS		60,873	0		
	L - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	354,552		1.00
	TOTALS		0	354,552		
500.00	Grand Total: Increases		2,505,069	87,977,428		500.00

RECLASSIFICATIONS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/25/2020 2:34 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	6,884,944	11	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	22,395	11	2.00	
3.00		0.00	0	0	11	3.00	
TOTALS			0	6,907,339			
B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,261,198	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	413,397	9	2.00	
3.00	HOUSEKEEPING	9.00	0	40,018	0	3.00	
4.00	DIETARY	10.00	0	22,813	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	241,867	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,432	0	6.00	
7.00	PHARMACY	15.00	0	5,476	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,166	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	164,582	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	45,579	0	10.00	
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	5,182	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	4,914	0	12.00	
13.00	NURSERY	43.00	0	9,140	0	13.00	
14.00	OPERATING ROOM	50.00	0	1,319,596	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,038,919	0	15.00	
16.00	RADIOLOGY - THERAPEUTIC	55.00	0	163,451	0	16.00	
17.00	RADIOISOTOPE	56.00	0	599,777	0	17.00	
18.00	CT SCAN	57.00	0	298,323	0	18.00	
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	318,297	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	366,260	0	20.00	
21.00	LABORATORY	60.00	0	187,760	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	55,939	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	22,371	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	183,065	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,769	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	16,114	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	4,953	0	27.00	
28.00	EMERGENCY	91.00	0	36,648	0	28.00	
29.00	OTHER NRCC	192.01	0	217,946	0	29.00	
TOTALS			0	15,053,952			
C - CAFE							
1.00	DIETARY	10.00	47,673	4,221,045	0	1.00	
TOTALS			47,673	4,221,045			
D - LDR							
1.00	ADULTS & PEDIATRICS	30.00	2,130,967	453,276	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			2,130,967	453,276			
E - RADIOLOGY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	204,614	22,999	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	
TOTALS			204,614	22,999			
F - PHARMACY							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,244	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	1	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	97,396	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	145,220	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	23,596	0	5.00	
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	28,442	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	0	3,688	0	7.00	
8.00	NURSERY	43.00	0	1,548	0	8.00	
9.00	OPERATING ROOM	50.00	0	284,102	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,225	0	10.00	
11.00	RADIOISOTOPE	56.00	0	37,039	0	11.00	
12.00	CT SCAN	57.00	0	129,691	0	12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	25,298	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	58,381	0	14.00	
15.00	INTRAVENOUS THERAPY	64.00	0	7,356	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	3,210	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	345	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	1,828	0	18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	239	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	9,346	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	0	11	0	21.00	
22.00	EMERGENCY	91.00	0	132,321	0	22.00	

RECLASSIFICATIONS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 2:34 pm

		Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
23.00	PHARMACY	15.00	0	16,286,353	0			23.00	
	TOTALS		0	17,335,880					
	G - INTERN								
1.00	ADMINISTRATIVE & GENERAL	5.00	60,942	349,346	0			1.00	
2.00		0.00	0	0	0			2.00	
	TOTALS		60,942	349,346					
	H - SUPPLIES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	888,608	0			1.00	
2.00	OPERATION OF PLANT	7.00	0	3,560	0			2.00	
3.00	HOUSEKEEPING	9.00	0	6,549	0			3.00	
4.00	DIETARY	10.00	0	736	0			4.00	
5.00	NURSING ADMINISTRATION	13.00	0	14,368	0			5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	602,872	0			6.00	
7.00	PHARMACY	15.00	0	146,273	0			7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	1,575,468	0			8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	402,176	0			9.00	
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	417,303	0			10.00	
11.00	SUBPROVIDER - IRF	41.00	0	133,166	0			11.00	
12.00	NURSERY	43.00	0	25,074	0			12.00	
13.00	OPERATING ROOM	50.00	0	11,463,552	0			13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	165,558	0			14.00	
15.00	RADIOLOGY - THERAPEUTIC	55.00	0	1,612	0			15.00	
16.00	RADIOISOTOPE	56.00	0	2,197,503	0			16.00	
17.00	CT SCAN	57.00	0	104,177	0			17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	72,414	0			18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	5,362,424	0			19.00	
20.00	LABORATORY	60.00	0	19,895	0			20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	35,837	0			21.00	
22.00	RESPIRATORY THERAPY	65.00	0	358,516	0			22.00	
23.00	PHYSICAL THERAPY	66.00	0	229,329	0			23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	26,161	0			24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,955	0			25.00	
26.00	RENAL DIALYSIS	74.00	0	210,667	0			26.00	
27.00	OUTPATIENT PSYCH	76.10	0	5	0			27.00	
28.00	CARDIAC REHABILITATION	76.97	0	2,211	0			28.00	
29.00	EMERGENCY	91.00	0	973,391	0			29.00	
	TOTALS		0	25,479,360					
	I - IMPLANTS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,732	0			1.00	
2.00	NURSING ADMINISTRATION	13.00	0	1,887	0			2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,728	0			3.00	
4.00	PHARMACY	15.00	0	106	0			4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	57,378	0			5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	2,912	0			6.00	
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	11,846	0			7.00	
8.00	SUBPROVIDER - IRF	41.00	0	3,162	0			8.00	
9.00	NURSERY	43.00	0	410	0			9.00	
10.00	OPERATING ROOM	50.00	0	10,679,486	0			10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,860	0			11.00	
12.00	RADIOISOTOPE	56.00	0	863,686	0			12.00	
13.00	CT SCAN	57.00	0	18,910	0			13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	230	0			14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	3,386,437	0			15.00	
16.00	INTRAVENOUS THERAPY	64.00	0	823	0			16.00	
17.00	PHYSICAL THERAPY	66.00	0	454,919	0			17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	6	0			18.00	
19.00	CARDIAC REHABILITATION	76.97	0	6	0			19.00	
20.00	EMERGENCY	91.00	0	18,218	0			20.00	
	TOTALS		0	15,590,742					
	J - REHAB								
1.00	SUBPROVIDER - IRF	41.00	0	2,208,937	0			1.00	
	TOTALS		0	2,208,937					
	K - PHARMA PARAMED								
1.00	PHARMACY	15.00	60,873	0	0			1.00	
	TOTALS		60,873	0					
	L - CAPITAL INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	354,552	12			1.00	
	TOTALS		0	354,552					
500.00	Grand Total: Decreases		2,505,069	87,977,428				500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,950,000	0	0	0	0	1.00	
2.00	Land Improvements	1,188,596	0	0	0	0	2.00	
3.00	Buildings and Fixtures	96,536,426	39,645	0	39,645	0	3.00	
4.00	Building Improvements	640,681	23,850,654	0	23,850,654	0	4.00	
5.00	Fixed Equipment	0	2,170,592	0	2,170,592	0	5.00	
6.00	Movable Equipment	26,317,804	131,029	0	131,029	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	132,633,507	26,191,920	0	26,191,920	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	132,633,507	26,191,920	0	26,191,920	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,950,000	0				1.00	
2.00	Land Improvements	1,188,596	0				2.00	
3.00	Buildings and Fixtures	96,576,071	0				3.00	
4.00	Building Improvements	24,491,335	0				4.00	
5.00	Fixed Equipment	2,170,592	0				5.00	
6.00	Movable Equipment	26,448,833	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	158,825,427	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	158,825,427	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	132,376,592	0	132,376,592	0.833472	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	26,448,832	0	26,448,832	0.166528	0	2.00
3.00	Total (sum of lines 1-2)	158,825,424	0	158,825,424	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	8,788,827	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,509,326	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,298,153	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	-2,622,009	354,552	0	0	6,521,370	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,640,797	0	0	0	22,150,123	2.00
3.00	Total (sum of lines 1-2)	2,018,788	354,552	0	0	28,671,493	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	-65,695	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-150,325	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0		0.00	0	3.00
4.00	Investment income - other (chapter 2)		0		0.00	0	4.00
5.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	5.00
6.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	6.00
7.00	Rental of provider space by suppliers (chapter 8)	B	-107,264	OPERATION OF PLANT	7.00	0	7.00
8.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	8.00
9.00	Television and radio service (chapter 21)		0		0.00	0	9.00
10.00	Parking lot (chapter 21)		0		0.00	0	10.00
11.00	Provider-based physician adjustment	A-8-2	-7,415,352			0	11.00
12.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	12.00
13.00	Related organization transactions (chapter 10)	A-8-1	11,967,052			0	13.00
14.00	Laundry and linen service		0		0.00	0	14.00
15.00	Cafeteria-employees and guests	A	-1,045,359	CAFETERIA	11.00	0	15.00
16.00	Rental of quarters to employee and others		0		0.00	0	16.00
17.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	17.00
18.00	Sale of drugs to other than patients		0		0.00	0	18.00
19.00	Sale of medical records and abstracts	B	-1,130	MEDICAL RECORDS & LIBRARY	16.00	0	19.00
20.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	20.00
21.00	Vending machines		0		0.00	0	21.00
22.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	22.00
23.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	23.00
24.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		24.00
25.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		25.00
26.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		26.00
27.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,808,368	CAP REL COSTS-BLDG & FIXT	1.00	9	27.00
28.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	3,824,733	CAP REL COSTS-MVBLE EQUIP	2.00	9	28.00
29.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		29.00
30.00	Physicians' assistant		0		0.00	0	30.00
30.99	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.99
31.00	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		31.00
32.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		32.00
33.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	33.00
	MISC INCOME	B	-3,790	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC INCOME	B	-359,172	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	RENTAL INCOME	B	-598,738	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MISC INCOME	B	-7,111	NURSING ADMINISTRATION	13.00	0	33.03
33.04	MISC INCOME	B	-22,800	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	MISC INCOME	B	-23,185	LABORATORY	60.00	0	33.05
33.06	MISC INCOME	B	-11,007	PHYSICAL THERAPY	66.00	0	33.06
33.07	MISC INCOME	B	-32,001	CARDIAC REHABILITATION	76.97	0	33.07
33.08	MARKETING	A	-40	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	CONTRIBUTIONS CHARITABLE	A	-295,350	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	INCOME TAX	A	-2,792	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	BUSINESS DEVEL	A	-3,392	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	MARKETING	A	-75	NURSING ADMINISTRATION	13.00	0	33.12
33.13	CONTRIBUTIONS CHARITABLE	A	-3,034	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	CONTRIBUTIONS CHARITABLE	A	-2,379	CARDIAC REHABILITATION	76.97	0	33.14
33.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17
33.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		8,450,162				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 2:34 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT INSURANCE	7,988,324	6,889,883	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-1,407,370	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-3,220,371	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	PROJECT SYMPHONY	318,715	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	RESOURCE GROUP	-579,641	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	INFO SERVICES	19,135,542	0	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	ACO OPERATIONS	300,734	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER AND CENTRAL SCHE	1,136,968	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	CLINICAL INFORMATICS	36,864	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	91,190	0	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	QUALITY MANAGEMENT	2,628,997	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH INTAKE	97,108	0	3.09
3.10	15.00	PHARMACY	PHARMACY ADMIN	436,549	0	3.10
3.11	5.00	ADMINISTRATIVE & GENERAL	REVENUE CYCLE MGMT	16,986,617	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	PT ACCESS CONTACT CENTER	141,636	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	MEDICAL AFFAIRS ADMIN	413,267	0	3.13
3.14	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE CONTRACTING	261,930	0	3.14
3.15	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	211,484	0	3.15
3.16	7.00	OPERATION OF PLANT	FACILITIES	560,505	0	3.16
3.17	5.00	ADMINISTRATIVE & GENERAL	SERVICE LINES	1,069,061	0	3.17
3.18	31.00	INTENSIVE CARE UNIT	TELE ICU	1,120,177	0	3.18
3.19	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	725,845	0	3.19
3.20	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MGMT	112,533	0	3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	CASE MGMT	436,549	0	3.21
3.22	7.00	OPERATION OF PLANT	BIOMED ENG	2,223,491	0	3.22
3.23	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL	1,402,309	0	3.23
3.24	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL	3,208,791	0	3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	36,437,452	73,964,256	3.25
3.26	60.00	LABORATORY	ALVERNO	13,202,526	12,892,383	3.26
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT WORKERS COMP	1,714,780	1,478,988	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			107,192,562	95,225,510	5.00

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

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

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

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

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

6.00	B	PRESENCE HEALTH	100.00	0.00	6.00
7.00	C	APHL LABS	66.67	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 2:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,098,441	0		1.00
2.00	-1,407,370	11		2.00
3.00	-3,220,371	11		3.00
3.01	318,715	0		3.01
3.02	-579,641	0		3.02
3.03	19,135,542	0		3.03
3.04	300,734	0		3.04
3.05	1,136,968	0		3.05
3.06	36,864	0		3.06
3.07	91,190	0		3.07
3.08	2,628,997	0		3.08
3.09	97,108	0		3.09
3.10	436,549	0		3.10
3.11	16,986,617	0		3.11
3.12	141,636	0		3.12
3.13	413,267	0		3.13
3.14	261,930	0		3.14
3.15	211,484	0		3.15
3.16	560,505	0		3.16
3.17	1,069,061	0		3.17
3.18	1,120,177	0		3.18
3.19	725,845	0		3.19
3.20	112,533	0		3.20
3.21	436,549	0		3.21
3.22	2,223,491	0		3.22
3.23	1,402,309	9		3.23
3.24	3,208,791	9		3.24
3.25	-37,526,804	0		3.25
3.26	310,143	0		3.26
4.00	235,792	0		4.00
5.00	11,967,052			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			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/25/2020 2:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	DR. A	9,000	0	9,000	211,500	72	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,047,164	723,525	323,639	211,500	1,683	2.00
3.00	13.00	DR. B	15,000	0	15,000	211,500	120	3.00
4.00	15.00	DR. C	7,687	0	7,687	211,500	61	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	624,641	610,441	14,200	211,500	92	5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	916,221	894,346	21,875	211,500	175	6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	29,900	29,900	0	0	0	7.00
8.00	41.00	DR. D	110,828	0	110,828	211,500	616	8.00
9.00	43.00	NURSERY	110	110	0	0	0	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	2,941,390	2,940,640	750	246,400	5	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	-6,426	-6,426	0	0	0	11.00
12.00	55.00	DR. E	7,200	0	7,200	271,900	36	12.00
13.00	56.00	DR. F	5,940	0	5,940	271,900	48	13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	68,500	39,400	29,100	246,400	233	14.00
15.00	60.00	AGGREGATE-LABORATORY	67,500	37,500	30,000	260,300	200	15.00
16.00	64.00	DR. G	1,925	0	1,925	211,500	19	16.00
17.00	65.00	DR. H	31,925	0	31,925	211,500	319	17.00
18.00	66.00	DR. I	18,600	0	18,600	211,500	124	18.00
19.00	69.00	DR. J	22,500	0	22,500	211,500	180	19.00
20.00	74.00	DR. K	22,500	0	22,500	211,500	180	20.00
21.00	76.10	OUTPATIENT PSYCH	85,400	85,400	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	1,867,792	1,810,792	57,000	211,500	456	22.00
200.00			7,895,297	7,165,628	729,669		4,619	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	4.00	DR. A	7,321	366	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	171,132	8,557	0	0	0	2.00
3.00	13.00	DR. B	12,202	610	0	0	0	3.00
4.00	15.00	DR. C	6,203	310	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	9,355	468	0	0	0	5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	17,795	890	0	0	0	6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	41.00	DR. D	62,637	3,132	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	0	0	9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	592	30	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	DR. E	4,706	235	0	0	0	12.00
13.00	56.00	DR. F	6,275	314	0	0	0	13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	27,601	1,380	0	0	0	14.00
15.00	60.00	AGGREGATE-LABORATORY	25,029	1,251	0	0	0	15.00
16.00	64.00	DR. G	1,932	97	0	0	0	16.00
17.00	65.00	DR. H	32,437	1,622	0	0	0	17.00
18.00	66.00	DR. I	12,609	630	0	0	0	18.00
19.00	69.00	DR. J	18,303	915	0	0	0	19.00
20.00	74.00	DR. K	18,303	915	0	0	0	20.00
21.00	76.10	OUTPATIENT PSYCH	0	0	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	46,367	2,318	0	0	0	22.00
200.00			480,799	24,040	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	4.00	DR. A	0	7,321	1,679	1,679		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	171,132	152,507	876,032		2.00
3.00	13.00	DR. B	0	12,202	2,798	2,798		3.00
4.00	15.00	DR. C	0	6,203	1,484	1,484		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	9,355	4,845	615,286		5.00
6.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	17,795	4,080	898,426		6.00
7.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	29,900		7.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	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		
8.00	41.00	DR. D	0	62,637	48,191	48,191		8.00
9.00	43.00	NURSERY	0	0	0	110		9.00
10.00	50.00	AGGREGATE-OPERATING ROOM	0	592	158	2,940,798		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-6,426		11.00
12.00	55.00	DR. E	0	4,706	2,494	2,494		12.00
13.00	56.00	DR. F	0	6,275	0	0		13.00
14.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	27,601	1,499	40,899		14.00
15.00	60.00	AGGREGATE-LABORATORY	0	25,029	4,971	42,471		15.00
16.00	64.00	DR. G	0	1,932	0	0		16.00
17.00	65.00	DR. H	0	32,437	0	0		17.00
18.00	66.00	DR. I	0	12,609	5,991	5,991		18.00
19.00	69.00	DR. J	0	18,303	4,197	4,197		19.00
20.00	74.00	DR. K	0	18,303	4,197	4,197		20.00
21.00	76.10	OUTPATIENT PSYCH	0	0	0	85,400		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	46,367	10,633	1,821,425		22.00
200.00			0	480,799	249,724	7,415,352		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,521,370	6,521,370			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,150,123		22,150,123		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,513,569	30,766	0	15,544,335	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	117,796,325	354,364	15,570,834	633,450	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	12,960,940	1,069,438	289,939	174,495	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	801,768	43,278	0	0	8.00
9.00	00900	HOUSEKEEPING	5,002,200	81,686	57,515	0	9.00
10.00	01000	DIETARY	2,788,361	85,409	30,725	5,148	10.00
11.00	01100	CAFETERIA	3,223,359	76,788	0	7,879	11.00
13.00	01300	NURSING ADMINISTRATION	4,798,913	41,825	337,637	594,377	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,082	58,617	8,802	0	14.00
15.00	01500	PHARMACY	4,437,026	25,637	4,232	584,365	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	109,957	72,278	3,143	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,942	0	0	10,072	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	349,346	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	302,393	1,630	0	46,290	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,799,451	1,644,780	128,436	5,300,734	30.00
31.00	03100	INTENSIVE CARE UNIT	5,949,601	186,000	56,007	719,646	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,050,579	147,585	7,518	772,290	34.00
41.00	04100	SUBPROVIDER - IRF	5,564,521	116,181	5,210	675,592	41.00
43.00	04300	NURSERY	2,298,643	104,843	13,261	326,185	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,719,051	676,401	1,323,168	1,555,025	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,748,248	100,095	0	248,450	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,351,763	303,132	1,363,738	567,946	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	437,843	65,233	237,144	19,326	55.00
56.00	05600	RADIOISOTOPE	2,370,854	30,310	553,419	293,850	56.00
57.00	05700	CT SCAN	983,200	14,720	432,824	149,363	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	687,206	16,432	461,803	87,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,395,600	61,979	521,561	473,741	59.00
60.00	06000	LABORATORY	14,445,534	87,542	272,413	0	60.00
64.00	06400	INTRAVENOUS THERAPY	673,037	28,130	0	102,784	64.00
65.00	06500	RESPIRATORY THERAPY	3,182,871	31,914	81,159	424,138	65.00
66.00	06600	PHYSICAL THERAPY	10,202,784	207,805	31,833	23,748	66.00
69.00	06900	ELECTROCARDIOLOGY	813,336	55,051	265,601	117,561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	248,051	30,310	2,567	34,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,479,360	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,590,742	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,335,880	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,154,472	8,389	21,484	135,461	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	80,696	2,147	0	13,723	76.10
76.97	07697	CARDIAC REHABILITATION	364,701	36,818	7,186	60,964	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,909,118	223,898	51,134	1,332,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	378,639,652	6,121,411	22,140,293	15,491,358	378,176,886
NONREIMBURSABLE COST CENTERS							
192.01	19201	OTHER NRCC	4,730,368	399,959	9,830	52,977	5,193,134
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,370,020	6,521,370	22,150,123	15,544,335	383,370,020

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	134,354,973					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	7,820,618	0	22,315,430			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	455,941	0	190,608	1,491,595		8.00
9.00	00900	HOUSEKEEPING	2,774,022	0	359,765	0	8,275,188	9.00
10.00	01000	DIETARY	1,569,886	0	376,160	0	143,018	10.00
11.00	01100	CAFETERIA	1,784,832	0	338,194	0	128,583	11.00
13.00	01300	NURSING ADMINISTRATION	3,114,665	0	184,206	0	70,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,778	0	258,163	0	98,155	14.00
15.00	01500	PHARMACY	2,725,387	0	112,911	0	42,929	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	100,020	0	318,329	0	121,030	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	38,315	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	188,488	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	189,010	0	7,180	0	2,730	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,132,076	0	7,244,008	1,049,127	2,754,210	30.00
31.00	03100	INTENSIVE CARE UNIT	3,728,939	0	819,187	81,397	311,459	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,225,391	0	650,001	99,174	247,134	34.00
41.00	04100	SUBPROVIDER - IRF	3,432,324	0	511,689	221,331	194,547	41.00
43.00	04300	NURSERY	1,479,938	0	461,756	40,566	175,562	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,399,018	0	2,979,035	0	1,132,644	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,131,316	0	440,843	0	167,611	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,553,762	0	1,335,065	0	507,599	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	409,810	0	287,303	0	109,234	55.00
56.00	05600	RADIOISOTOPE	1,752,679	0	133,495	0	50,755	56.00
57.00	05700	CT SCAN	852,540	0	64,833	0	24,650	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	676,058	0	72,372	0	27,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,862,988	0	272,973	0	103,786	59.00
60.00	06000	LABORATORY	7,988,242	0	385,555	0	146,590	60.00
64.00	06400	INTRAVENOUS THERAPY	433,769	0	123,891	0	47,104	64.00
65.00	06500	RESPIRATORY THERAPY	2,007,155	0	140,555	0	53,440	65.00
66.00	06600	PHYSICAL THERAPY	5,646,980	0	915,225	0	347,973	66.00
69.00	06900	ELECTROCARDIOLOGY	675,268	0	242,456	0	92,183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,400	0	133,495	0	50,755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,747,287	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,411,922	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,353,505	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	712,096	0	36,949	0	14,048	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	52,102	0	9,454	0	3,595	76.10
76.97	07697	CARDIAC REHABILITATION	253,408	0	162,156	0	61,653	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,674,103	0	986,100	0	374,921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	131,553,038	0	20,553,912	1,491,595	7,605,450	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	2,801,935	0	1,761,518	0	669,738	192.01
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)	134,354,973	0	22,315,430	1,491,595	8,275,188	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,998,707					10.00
11.00	01100	CAFETERIA	0	5,559,635				11.00
13.00	01300	NURSING ADMINISTRATION	0	224,436	9,366,095			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	438,433		14.00
15.00	01500	PHARMACY	0	220,672	0	0	8,153,159	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	3,796	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	17,486	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,861,316	2,001,589	3,738,947	0	68,796	30.00
31.00	03100	INTENSIVE CARE UNIT	148,543	271,737	452,181	0	11,178	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	180,987	291,624	502,934	0	13,474	34.00
41.00	04100	SUBPROVIDER - IRF	807,861	255,094	534,578	0	1,747	41.00
43.00	04300	NURSERY	0	123,183	192,874	0	733	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	587,173	1,126,950	0	134,590	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	93,823	146,907	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	214,476	436,855	0	15,266	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,300	18,626	0	0	55.00
56.00	05600	RADIOISOTOPE	0	110,953	187,170	0	17,547	56.00
57.00	05700	CT SCAN	0	56,385	112,703	0	61,440	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,059	62,056	0	11,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	178,887	277,680	0	27,657	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	38,801	58,034	0	3,485	64.00
65.00	06500	RESPIRATORY THERAPY	0	160,168	338,210	0	1,521	65.00
66.00	06600	PHYSICAL THERAPY	0	8,954	10,779	0	163	66.00
69.00	06900	ELECTROCARDIOLOGY	0	44,381	93,806	0	866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,172	31,934	0	113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	272,002	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	166,431	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,715,479	73.00
74.00	07400	RENAL DIALYSIS	0	51,161	80,323	0	4,428	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	5,191	11,175	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	23,034	44,984	0	5	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	503,083	906,389	0	62,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,998,707	5,539,618	9,366,095	438,433	8,153,159	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	0	20,017	0	0	0	192.01
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)	4,998,707	5,559,635	9,366,095	438,433	8,153,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	724,757					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	109,329			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		541,630		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			566,719	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,102	0	86,552	428,790	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,302	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,907	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	13,702	0	0	0	0	41.00
43.00	04300	NURSERY	4,124	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,368	0	22,777	112,840	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,416	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,935	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	415	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	15,642	0	0	0	0	56.00
57.00	05700	CT SCAN	42,996	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,083	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,740	0	0	0	0	59.00
60.00	06000	LABORATORY	81,192	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,736	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,722	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	33,053	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	17,552	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,731	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,036	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,785	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,963	0	0	0	566,719	73.00
74.00	07400	RENAL DIALYSIS	2,999	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	628	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	1,125	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	71,503	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	724,757	0	109,329	541,630	566,719	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	724,757	0	109,329	541,630	566,719	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	87,335,914	-515,342	86,820,572	30.00
31.00	03100	INTENSIVE CARE UNIT	12,751,177	0	12,751,177	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,205,598	0	11,205,598	34.00
41.00	04100	SUBPROVIDER - IRF	12,334,377	0	12,334,377	41.00
43.00	04300	NURSERY	5,221,668	0	5,221,668	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,838,040	-135,617	35,702,423	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,080,709	0	4,080,709	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,683,537	0	12,683,537	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,592,234	0	1,592,234	55.00
56.00	05600	RADIOISOTOPE	5,516,674	0	5,516,674	56.00
57.00	05700	CT SCAN	2,795,654	0	2,795,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,150,141	0	2,150,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,217,592	0	6,217,592	59.00
60.00	06000	LABORATORY	23,407,068	0	23,407,068	60.00
64.00	06400	INTRAVENOUS THERAPY	1,511,771	0	1,511,771	64.00
65.00	06500	RESPIRATORY THERAPY	6,438,853	0	6,438,853	65.00
66.00	06600	PHYSICAL THERAPY	17,429,297	0	17,429,297	66.00
69.00	06900	ELECTROCARDIOLOGY	2,418,061	0	2,418,061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717,422	0	717,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,545,685	0	39,545,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,206,880	0	24,206,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,013,546	0	35,013,546	73.00
74.00	07400	RENAL DIALYSIS	2,221,810	0	2,221,810	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	178,711	0	178,711	76.10
76.97	07697	CARDIAC REHABILITATION	1,016,034	0	1,016,034	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	19,095,225	0	19,095,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	372,923,678	-650,959	372,272,719	118.00
NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	10,446,342	0	10,446,342	192.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,370,020	-650,959	382,719,061	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0007

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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	30,766	0	30,766	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	354,364	15,570,834	15,925,198	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,069,438	289,939	1,359,377	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	43,278	0	43,278	8.00
9.00	00900	HOUSEKEEPING	0	81,686	57,515	139,201	9.00
10.00	01000	DIETARY	0	85,409	30,725	116,134	10.00
11.00	01100	CAFETERIA	0	76,788	0	76,788	11.00
13.00	01300	NURSING ADMINISTRATION	0	41,825	337,637	379,462	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	58,617	8,802	67,419	14.00
15.00	01500	PHARMACY	0	25,637	4,232	29,869	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,278	3,143	75,421	16.00
17.00	01700	SOCIAL SERVICE	0	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	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,630	0	1,630	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,644,780	128,436	1,773,216	30.00
31.00	03100	INTENSIVE CARE UNIT	0	186,000	56,007	242,007	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	147,585	7,518	155,103	34.00
41.00	04100	SUBPROVIDER - IRF	0	116,181	5,210	121,391	41.00
43.00	04300	NURSERY	0	104,843	13,261	118,104	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	676,401	1,323,168	1,999,569	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	100,095	0	100,095	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	303,132	1,363,738	1,666,870	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	65,233	237,144	302,377	55.00
56.00	05600	RADIOISOTOPE	0	30,310	553,419	583,729	56.00
57.00	05700	CT SCAN	0	14,720	432,824	447,544	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,432	461,803	478,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,979	521,561	583,540	59.00
60.00	06000	LABORATORY	0	87,542	272,413	359,955	60.00
64.00	06400	INTRAVENOUS THERAPY	0	28,130	0	28,130	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,914	81,159	113,073	65.00
66.00	06600	PHYSICAL THERAPY	0	207,805	31,833	239,638	66.00
69.00	06900	ELECTROCARDIOLOGY	0	55,051	265,601	320,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,310	2,567	32,877	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,389	21,484	29,873	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	2,147	0	2,147	76.10
76.97	07697	CARDIAC REHABILITATION	0	36,818	7,186	44,004	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	223,898	51,134	275,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,121,411	22,140,293	28,261,704	118.00
NONREIMBURSABLE COST CENTERS							
192.01	19201	OTHER NRCC	0	399,959	9,830	409,789	192.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,521,370	22,150,123	28,671,493	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,926,451					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	927,059	0	2,286,781			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	54,047	0	19,533	116,858		8.00
9.00	00900	HOUSEKEEPING	328,834	0	36,867	0	504,902	9.00
10.00	01000	DIETARY	186,095	0	38,547	0	8,726	10.00
11.00	01100	CAFETERIA	211,575	0	34,657	0	7,845	11.00
13.00	01300	NURSING ADMINISTRATION	369,214	0	18,877	0	4,273	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,411	0	26,455	0	5,989	14.00
15.00	01500	PHARMACY	323,068	0	11,571	0	2,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,856	0	32,621	0	7,385	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,542	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,343	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	22,405	0	736	0	167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,742,049	0	742,328	82,193	168,045	30.00
31.00	03100	INTENSIVE CARE UNIT	442,030	0	83,947	6,377	19,003	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	382,339	0	66,609	7,770	15,079	34.00
41.00	04100	SUBPROVIDER - IRF	406,869	0	52,436	17,340	11,870	41.00
43.00	04300	NURSERY	175,432	0	47,319	3,178	10,712	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,232,704	0	305,278	0	69,107	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	134,107	0	45,176	0	10,227	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	421,264	0	136,811	0	30,971	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	48,579	0	29,442	0	6,665	55.00
56.00	05600	RADIOISOTOPE	207,763	0	13,680	0	3,097	56.00
57.00	05700	CT SCAN	101,060	0	6,644	0	1,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80,140	0	7,416	0	1,679	58.00
59.00	05900	CARDIAC CATHETERIZATION	220,839	0	27,973	0	6,332	59.00
60.00	06000	LABORATORY	946,929	0	39,510	0	8,944	60.00
64.00	06400	INTRAVENOUS THERAPY	51,419	0	12,696	0	2,874	64.00
65.00	06500	RESPIRATORY THERAPY	237,929	0	14,403	0	3,261	65.00
66.00	06600	PHYSICAL THERAPY	669,395	0	93,788	0	21,231	66.00
69.00	06900	ELECTROCARDIOLOGY	80,047	0	24,846	0	5,624	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,199	0	13,680	0	3,097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,629,609	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	997,153	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,108,768	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	84,412	0	3,786	0	857	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	6,176	0	969	0	219	76.10
76.97	07697	CARDIAC REHABILITATION	30,039	0	16,617	0	3,762	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	672,610	0	101,051	0	22,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,594,309	0	2,106,269	116,858	464,039	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	332,142	0	180,512	0	40,863	192.01
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)	15,926,451	0	2,286,781	116,858	504,902	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	349,512					10.00
11.00	01100	CAFETERIA	0	330,881				11.00
13.00	01300	NURSING ADMINISTRATION	0	13,357	786,359			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	100,060		14.00
15.00	01500	PHARMACY	0	13,133	0	0	381,416	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	226	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	1,041	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	269,985	119,126	313,917	0	3,218	30.00
31.00	03100	INTENSIVE CARE UNIT	10,386	16,172	37,964	0	523	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,655	17,356	42,225	0	630	34.00
41.00	04100	SUBPROVIDER - IRF	56,486	15,182	44,882	0	82	41.00
43.00	04300	NURSERY	0	7,331	16,193	0	34	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,946	94,616	0	6,296	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,584	12,334	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,765	36,678	0	714	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	434	1,564	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,603	15,714	0	821	56.00
57.00	05700	CT SCAN	0	3,356	9,462	0	2,874	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,967	5,210	0	561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,646	23,313	0	1,294	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,309	4,872	0	163	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,532	28,395	0	71	65.00
66.00	06600	PHYSICAL THERAPY	0	533	905	0	8	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,641	7,876	0	41	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	784	2,681	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	62,081	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,979	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	360,942	73.00
74.00	07400	RENAL DIALYSIS	0	3,045	6,744	0	207	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	309	938	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	1,371	3,777	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	29,941	76,099	0	2,932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	349,512	329,690	786,359	100,060	381,416	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	0	1,191	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	3,214	0	201.00
202.00		TOTAL (sum lines 118 through 201)	349,512	330,881	786,359	103,274	381,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER		
					APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	127,283					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,562			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22,569		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			26,071	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,522	0				30.00
31.00	03100	INTENSIVE CARE UNIT	2,700	0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,984	0				34.00
41.00	04100	SUBPROVIDER - IRF	2,418	0				41.00
43.00	04300	NURSERY	728	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,241	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	603	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,989	0				54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	73	0				55.00
56.00	05600	RADIOISOTOPE	2,760	0				56.00
57.00	05700	CT SCAN	7,587	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,485	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	7,189	0				59.00
60.00	06000	LABORATORY	14,328	0				60.00
64.00	06400	INTRAVENOUS THERAPY	483	0				64.00
65.00	06500	RESPIRATORY THERAPY	3,127	0				65.00
66.00	06600	PHYSICAL THERAPY	5,833	0				66.00
69.00	06900	ELECTROCARDIOLOGY	3,097	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	305	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,301	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,668	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,405	0				73.00
74.00	07400	RENAL DIALYSIS	529	0				74.00
76.00	03950	OTHER ANCILLARY	0	0				76.00
76.10	03550	OUTPATIENT PSYCH	111	0				76.10
76.97	07697	CARDIAC REHABILITATION	199	0				76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,618	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,283	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	0	0				192.01
200.00		Cross Foot Adjustments			4,562	22,569	26,071	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	127,283	0	4,562	22,569	26,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,241,097	0	6,241,097	30.00
31.00	03100	INTENSIVE CARE UNIT	862,533	0	862,533	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	704,278	0	704,278	34.00
41.00	04100	SUBPROVIDER - IRF	730,293	0	730,293	41.00
43.00	04300	NURSERY	379,676	0	379,676	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,757,834	0	3,757,834	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,618	0	308,618	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,313,186	0	2,313,186	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	389,172	0	389,172	55.00
56.00	05600	RADIOISOTOPE	834,748	0	834,748	56.00
57.00	05700	CT SCAN	580,327	0	580,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	577,866	0	577,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	882,063	0	882,063	59.00
60.00	06000	LABORATORY	1,369,666	0	1,369,666	60.00
64.00	06400	INTRAVENOUS THERAPY	103,149	0	103,149	64.00
65.00	06500	RESPIRATORY THERAPY	410,630	0	410,630	65.00
66.00	06600	PHYSICAL THERAPY	1,031,378	0	1,031,378	66.00
69.00	06900	ELECTROCARDIOLOGY	445,057	0	445,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,697	0	73,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,699,991	0	1,699,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,041,800	0	1,041,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,477,115	0	1,477,115	73.00
74.00	07400	RENAL DIALYSIS	129,721	0	129,721	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	10,896	0	10,896	76.10
76.97	07697	CARDIAC REHABILITATION	99,890	0	99,890	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,195,794	0	1,195,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,650,475	0	27,650,475	118.00
NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	964,602	0	964,602	192.01
200.00		Cross Foot Adjustments	53,202	0	53,202	200.00
201.00		Negative Cost Centers	3,214	0	3,214	201.00
202.00		TOTAL (sum lines 118 through 201)	28,671,493	0	28,671,493	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	960,011					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		15,266,929				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,529	0	94,057,275			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,166	10,732,166	3,832,938	-134,354,973	249,015,047	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	157,432	199,840	1,055,851	0	14,494,812	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,371	0	0	0	845,046	8.00
9.00	00900	HOUSEKEEPING	12,025	39,642	0	0	5,141,401	9.00
10.00	01000	DIETARY	12,573	21,177	31,149	0	2,909,643	10.00
11.00	01100	CAFETERIA	11,304	0	47,673	0	3,308,026	11.00
13.00	01300	NURSING ADMINISTRATION	6,157	232,716	3,596,510	0	5,772,752	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,629	6,067	0	0	53,337	14.00
15.00	01500	PHARMACY	3,774	2,917	3,535,928	0	5,051,260	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,640	2,166	0	0	185,378	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	60,942	0	71,014	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	349,346	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	240	0	280,095	0	350,313	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,128	88,524	32,074,395	0	42,873,401	30.00
31.00	03100	INTENSIVE CARE UNIT	27,381	38,603	4,354,495	0	6,911,254	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,726	5,182	4,673,038	0	5,977,972	34.00
41.00	04100	SUBPROVIDER - IRF	17,103	3,591	4,087,931	0	6,361,504	41.00
43.00	04300	NURSERY	15,434	9,140	1,973,707	0	2,742,932	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,573	911,991	9,409,284	0	19,273,645	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,735	0	1,503,344	0	2,096,793	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,624	939,954	3,436,579	0	6,586,579	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,603	163,451	116,940	0	759,546	55.00
56.00	05600	RADIOISOTOPE	4,462	381,443	1,778,051	0	3,248,433	56.00
57.00	05700	CT SCAN	2,167	298,323	903,778	0	1,580,107	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,419	318,297	529,885	0	1,253,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,124	359,485	2,866,553	0	3,452,881	59.00
60.00	06000	LABORATORY	12,887	187,760	0	0	14,805,489	60.00
64.00	06400	INTRAVENOUS THERAPY	4,141	0	621,935	0	803,951	64.00
65.00	06500	RESPIRATORY THERAPY	4,698	55,939	2,566,411	0	3,720,082	65.00
66.00	06600	PHYSICAL THERAPY	30,591	21,941	143,699	0	10,466,170	66.00
69.00	06900	ELECTROCARDIOLOGY	8,104	183,065	711,347	0	1,251,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,462	1,769	211,138	0	315,822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	25,479,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,590,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,335,880	73.00
74.00	07400	RENAL DIALYSIS	1,235	14,808	819,662	0	1,319,806	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	316	0	83,037	0	96,566	76.10
76.97	07697	CARDIAC REHABILITATION	5,420	4,953	368,889	0	469,669	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	32,960	35,244	8,061,535	0	10,516,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	901,133	15,260,154	93,736,719	-134,354,973	243,821,913	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	58,878	6,775	320,556	0	5,193,134	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,521,370	22,150,123	15,544,335		134,354,973	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.793016	1.450856	0.165265		0.539546	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,766		15,926,451	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000327		0.063958	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	745,884			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,371	84,240		8.00
9.00	00900	HOUSEKEEPING	0	12,025	0	727,488	9.00
10.00	01000	DIETARY	0	12,573	0	12,573	193,362 10.00
11.00	01100	CAFETERIA	0	11,304	0	11,304	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	6,157	0	6,157	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,629	0	8,629	0 14.00
15.00	01500	PHARMACY	0	3,774	0	3,774	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,640	0	10,640	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	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	240	0	240	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	242,128	59,251	242,128	149,365 30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,381	4,597	27,381	5,746 31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	21,726	5,601	21,726	7,001 34.00
41.00	04100	SUBPROVIDER - IRF	0	17,103	12,500	17,103	31,250 41.00
43.00	04300	NURSERY	0	15,434	2,291	15,434	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	99,573	0	99,573	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,735	0	14,735	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,624	0	44,624	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,603	0	9,603	0 55.00
56.00	05600	RADIOISOTOPE	0	4,462	0	4,462	0 56.00
57.00	05700	CT SCAN	0	2,167	0	2,167	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,419	0	2,419	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,124	0	9,124	0 59.00
60.00	06000	LABORATORY	0	12,887	0	12,887	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,141	0	4,141	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	4,698	0	4,698	0 65.00
66.00	06600	PHYSICAL THERAPY	0	30,591	0	30,591	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,104	0	8,104	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,462	0	4,462	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	1,235	0	1,235	0 74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0 76.00
76.10	03550	OUTPATIENT PSYCH	0	316	0	316	0 76.10
76.97	07697	CARDIAC REHABILITATION	0	5,420	0	5,420	0 76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	32,960	0	32,960	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	687,006	84,240	668,610	193,362 118.00
NONREIMBURSABLE COST CENTERS							
192.01	19201	OTHER NRCC	0	58,878	0	58,878	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	22,315,430	1,491,595	8,275,188	4,998,707 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	29.918097	17.706493	11.375016	25.851548 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,286,781	116,858	504,902	349,512 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.065867	1.387203	0.694035	1.807553 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	171,370					11.00
13.00	01300	NURSING ADMINISTRATION	6,918	2,037,553				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	41,070,102			14.00
15.00	01500	PHARMACY	6,802	0	0	17,210,239		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,938,996,452	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	117	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	539	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,697	813,392	0	145,220	260,772,085	30.00
31.00	03100	INTENSIVE CARE UNIT	8,376	98,370	0	23,596	40,914,194	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,989	109,411	0	28,442	45,206,848	34.00
41.00	04100	SUBPROVIDER - IRF	7,863	116,295	0	3,688	36,635,093	41.00
43.00	04300	NURSERY	3,797	41,959	0	1,548	11,026,578	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,099	245,163	0	284,102	185,476,376	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,892	31,959	0	0	9,134,848	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,611	95,036	0	32,225	90,735,638	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	225	4,052	0	0	1,109,446	55.00
56.00	05600	RADIOISOTOPE	3,420	40,718	0	37,039	41,822,600	56.00
57.00	05700	CT SCAN	1,738	24,518	0	129,691	114,961,431	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,019	13,500	0	25,298	37,655,215	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,514	60,408	0	58,381	108,931,173	59.00
60.00	06000	LABORATORY	0	0	0	0	217,090,866	60.00
64.00	06400	INTRAVENOUS THERAPY	1,196	12,625	0	7,356	7,315,534	64.00
65.00	06500	RESPIRATORY THERAPY	4,937	73,576	0	3,210	47,384,734	65.00
66.00	06600	PHYSICAL THERAPY	276	2,345	0	345	88,377,233	66.00
69.00	06900	ELECTROCARDIOLOGY	1,368	20,407	0	1,828	46,931,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	406	6,947	0	239	4,627,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	25,479,360	0	125,765,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	15,590,742	0	101,029,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,286,353	112,200,302	73.00
74.00	07400	RENAL DIALYSIS	1,577	17,474	0	9,346	8,018,791	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	160	2,431	0	0	1,679,528	76.10
76.97	07697	CARDIAC REHABILITATION	710	9,786	0	11	3,008,346	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,507	197,181	0	132,321	191,185,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	170,753	2,037,553	41,070,102	17,210,239	1,938,996,452	118.00
NONREIMBURSABLE COST CENTERS								
192.01	19201	OTHER NRCC	617	0	0	0	0	192.01
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)	5,559,635	9,366,095	438,433	8,153,159	724,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.442289	4.596737	0.010675	0.473739	0.000374	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	330,881	786,359	103,274	381,416	127,283	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.930799	0.385933	0.002436	0.022162	0.000066	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,800			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		4,800		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			4,279	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,800	3,800	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,000	1,000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,279	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,800	4,800	4,279	118.00
NONREIMBURSABLE COST CENTERS							
192.01	19201	OTHER NRCC	0	0	0	0	192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	109,329	541,630	566,719	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	22.776875	112.839583	132.441926	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	4,562	22,569	26,071	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.950417	4.701875	6.092779	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: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/25/2020 2:34 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	86,820,572		86,820,572	4,845	86,825,417	30.00
31.00	03100	INTENSIVE CARE UNIT	12,751,177		12,751,177	4,080	12,755,257	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,205,598		11,205,598	0	11,205,598	34.00
41.00	04100	SUBPROVIDER - IRF	12,334,377		12,334,377	48,191	12,382,568	41.00
43.00	04300	NURSERY	5,221,668		5,221,668	0	5,221,668	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,702,423		35,702,423	158	35,702,581	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,080,709		4,080,709	0	4,080,709	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,683,537		12,683,537	0	12,683,537	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,592,234		1,592,234	2,494	1,594,728	55.00
56.00	05600	RADIOISOTOPE	5,516,674		5,516,674	0	5,516,674	56.00
57.00	05700	CT SCAN	2,795,654		2,795,654	0	2,795,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,150,141		2,150,141	0	2,150,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,217,592		6,217,592	1,499	6,219,091	59.00
60.00	06000	LABORATORY	23,407,068		23,407,068	4,971	23,412,039	60.00
64.00	06400	INTRAVENOUS THERAPY	1,511,771		1,511,771	0	1,511,771	64.00
65.00	06500	RESPIRATORY THERAPY	6,438,853	0	6,438,853	0	6,438,853	65.00
66.00	06600	PHYSICAL THERAPY	17,429,297	0	17,429,297	5,991	17,435,288	66.00
69.00	06900	ELECTROCARDIOLOGY	2,418,061		2,418,061	4,197	2,422,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717,422		717,422	0	717,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,545,685		39,545,685	0	39,545,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,206,880		24,206,880	0	24,206,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,013,546		35,013,546	0	35,013,546	73.00
74.00	07400	RENAL DIALYSIS	2,221,810		2,221,810	4,197	2,226,007	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	178,711		178,711	0	178,711	76.10
76.97	07697	CARDIAC REHABILITATION	1,016,034		1,016,034	0	1,016,034	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	19,095,225		19,095,225	10,633	19,105,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13,722,212		13,722,212		13,722,212	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	385,994,931	0	385,994,931	91,256	386,086,187	200.00
201.00		Less Observation Beds	13,722,212		13,722,212		13,722,212	201.00
202.00		Total (see instructions)	372,272,719	0	372,272,719	91,256	372,363,975	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	201,138,541		201,138,541			30.00
31.00	03100	INTENSIVE CARE UNIT	40,914,194		40,914,194			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	45,206,848		45,206,848			34.00
41.00	04100	SUBPROVIDER - IRF	36,635,093		36,635,093			41.00
43.00	04300	NURSERY	11,026,578		11,026,578			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,481,047	112,995,329	185,476,376	0.192490	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,800,691	2,334,157	9,134,848	0.446719	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,063,735	69,671,903	90,735,638	0.139786	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	377,364	732,082	1,109,446	1.435161	0.000000	55.00
56.00	05600	RADIOISOTOPE	19,766,291	22,056,309	41,822,600	0.131907	0.000000	56.00
57.00	05700	CT SCAN	44,707,906	70,253,525	114,961,431	0.024318	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,242,006	23,413,209	37,655,215	0.057101	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,638,806	69,292,367	108,931,173	0.057078	0.000000	59.00
60.00	06000	LABORATORY	114,853,032	102,237,834	217,090,866	0.107822	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	109,975	7,205,559	7,315,534	0.206652	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	40,518,191	6,866,543	47,384,734	0.135885	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	39,791,429	48,585,804	88,377,233	0.197215	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	24,581,073	22,350,639	46,931,712	0.051523	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,335,748	3,291,736	4,627,484	0.155035	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,947,979	60,817,251	125,765,230	0.314441	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,631,974	39,397,887	101,029,861	0.239601	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,746,324	47,453,978	112,200,302	0.312063	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,380,895	637,896	8,018,791	0.277075	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	1,450,883	228,645	1,679,528	0.106405	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	5,792	3,002,554	3,008,346	0.337738	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	67,972,990	123,212,316	191,185,306	0.099878	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,135,332	53,498,212	59,633,544	0.230109	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,049,460,717	889,535,735	1,938,996,452			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,049,460,717	889,535,735	1,938,996,452			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192491		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446719		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139786		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1.437409		55.00
56.00	05600	RADIOISOTOPE	0.131907		56.00
57.00	05700	CT SCAN	0.024318		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057101		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057092		59.00
60.00	06000	LABORATORY	0.107844		60.00
64.00	06400	INTRAVENOUS THERAPY	0.206652		64.00
65.00	06500	RESPIRATORY THERAPY	0.135885		65.00
66.00	06600	PHYSICAL THERAPY	0.197283		66.00
69.00	06900	ELECTROCARDIOLOGY	0.051612		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155035		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314441		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239601		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312063		73.00
74.00	07400	RENAL DIALYSIS	0.277599		74.00
76.00	03950	OTHER ANCILLARY	0.000000		76.00
76.10	03550	OUTPATIENT PSYCH	0.106405		76.10
76.97	07697	CARDIAC REHABILITATION	0.337738		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.099934		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.230109		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

			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	86,820,572		86,820,572	4,845	86,825,417	30.00
31.00	03100	INTENSIVE CARE UNIT	12,751,177		12,751,177	4,080	12,755,257	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,205,598		11,205,598	0	11,205,598	34.00
41.00	04100	SUBPROVIDER - IRF	12,334,377		12,334,377	48,191	12,382,568	41.00
43.00	04300	NURSERY	5,221,668		5,221,668	0	5,221,668	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,702,423		35,702,423	158	35,702,581	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,080,709		4,080,709	0	4,080,709	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,683,537		12,683,537	0	12,683,537	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,592,234		1,592,234	2,494	1,594,728	55.00
56.00	05600	RADIOISOTOPE	5,516,674		5,516,674	0	5,516,674	56.00
57.00	05700	CT SCAN	2,795,654		2,795,654	0	2,795,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,150,141		2,150,141	0	2,150,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,217,592		6,217,592	1,499	6,219,091	59.00
60.00	06000	LABORATORY	23,407,068		23,407,068	4,971	23,412,039	60.00
64.00	06400	INTRAVENOUS THERAPY	1,511,771		1,511,771	0	1,511,771	64.00
65.00	06500	RESPIRATORY THERAPY	6,438,853	0	6,438,853	0	6,438,853	65.00
66.00	06600	PHYSICAL THERAPY	17,429,297	0	17,429,297	5,991	17,435,288	66.00
69.00	06900	ELECTROCARDIOLOGY	2,418,061		2,418,061	4,197	2,422,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717,422		717,422	0	717,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,545,685		39,545,685	0	39,545,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,206,880		24,206,880	0	24,206,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,013,546		35,013,546	0	35,013,546	73.00
74.00	07400	RENAL DIALYSIS	2,221,810		2,221,810	4,197	2,226,007	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	178,711		178,711	0	178,711	76.10
76.97	07697	CARDIAC REHABILITATION	1,016,034		1,016,034	0	1,016,034	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	19,095,225		19,095,225	10,633	19,105,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13,722,212		13,722,212		13,722,212	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	385,994,931	0	385,994,931	91,256	386,086,187	200.00
201.00		Less Observation Beds	13,722,212		13,722,212		13,722,212	201.00
202.00		Total (see instructions)	372,272,719	0	372,272,719	91,256	372,363,975	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

			Title XIX			Hospital	Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	201,138,541		201,138,541		30.00
31.00	03100	INTENSIVE CARE UNIT	40,914,194		40,914,194		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	45,206,848		45,206,848		34.00
41.00	04100	SUBPROVIDER - IRF	36,635,093		36,635,093		41.00
43.00	04300	NURSERY	11,026,578		11,026,578		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,481,047	112,995,329	185,476,376	0.192490	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,800,691	2,334,157	9,134,848	0.446719	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,063,735	69,671,903	90,735,638	0.139786	0.000000
55.00	05500	RADIOLOGY - THERAPEUTIC	377,364	732,082	1,109,446	1.435161	0.000000
56.00	05600	RADIOISOTOPE	19,766,291	22,056,309	41,822,600	0.131907	0.000000
57.00	05700	CT SCAN	44,707,906	70,253,525	114,961,431	0.024318	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,242,006	23,413,209	37,655,215	0.057101	0.000000
59.00	05900	CARDIAC CATHETERIZATION	39,638,806	69,292,367	108,931,173	0.057078	0.000000
60.00	06000	LABORATORY	114,853,032	102,237,834	217,090,866	0.107822	0.000000
64.00	06400	INTRAVENOUS THERAPY	109,975	7,205,559	7,315,534	0.206652	0.000000
65.00	06500	RESPIRATORY THERAPY	40,518,191	6,866,543	47,384,734	0.135885	0.000000
66.00	06600	PHYSICAL THERAPY	39,791,429	48,585,804	88,377,233	0.197215	0.000000
69.00	06900	ELECTROCARDIOLOGY	24,581,073	22,350,639	46,931,712	0.051523	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,335,748	3,291,736	4,627,484	0.155035	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,947,979	60,817,251	125,765,230	0.314441	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,631,974	39,397,887	101,029,861	0.239601	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	64,746,324	47,453,978	112,200,302	0.312063	0.000000
74.00	07400	RENAL DIALYSIS	7,380,895	637,896	8,018,791	0.277075	0.000000
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000
76.10	03550	OUTPATIENT PSYCH	1,450,883	228,645	1,679,528	0.106405	0.000000
76.97	07697	CARDIAC REHABILITATION	5,792	3,002,554	3,008,346	0.337738	0.000000
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	67,972,990	123,212,316	191,185,306	0.099878	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,135,332	53,498,212	59,633,544	0.230109	0.000000
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,049,460,717	889,535,735	1,938,996,452		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,049,460,717	889,535,735	1,938,996,452		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03950	OTHER ANCILLARY	0.000000			76.00
76.10	03550	OUTPATIENT PSYCH	0.000000			76.10
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,241,097	0	6,241,097	70,373	88.69	30.00
31.00	INTENSIVE CARE UNIT	862,533		862,533	4,597	187.63	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	704,278		704,278	5,601	125.74	34.00
41.00	SUBPROVIDER - IRF	730,293	0	730,293	12,500	58.42	41.00
43.00	NURSERY	379,676		379,676	2,291	165.73	43.00
200.00	Total (lines 30 through 199)	8,917,877		8,917,877	95,362		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	25,168	2,232,150				30.00
31.00	INTENSIVE CARE UNIT	1,658	311,091				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,862	234,128				34.00
41.00	SUBPROVIDER - IRF	9,100	531,622				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	37,788	3,308,991				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,757,834	185,476,376	0.020260	27,669,417	560,582	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,618	9,134,848	0.033785	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,313,186	90,735,638	0.025494	9,078,952	231,459	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	389,172	1,109,446	0.350780	200,053	70,175	55.00
56.00	05600	RADIOISOTOPE	834,748	41,822,600	0.019959	8,472,318	169,099	56.00
57.00	05700	CT SCAN	580,327	114,961,431	0.005048	22,142,375	111,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	577,866	37,655,215	0.015346	6,459,150	99,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	882,063	108,931,173	0.008097	19,998,561	161,928	59.00
60.00	06000	LABORATORY	1,369,666	217,090,866	0.006309	46,982,538	296,413	60.00
64.00	06400	INTRAVENOUS THERAPY	103,149	7,315,534	0.014100	80,057	1,129	64.00
65.00	06500	RESPIRATORY THERAPY	410,630	47,384,734	0.008666	14,450,956	125,232	65.00
66.00	06600	PHYSICAL THERAPY	1,031,378	88,377,233	0.011670	7,822,676	91,291	66.00
69.00	06900	ELECTROCARDIOLOGY	445,057	46,931,712	0.009483	11,837,939	112,259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,697	4,627,484	0.015926	576,821	9,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,699,991	125,765,230	0.013517	27,410,322	370,505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,041,800	101,029,861	0.010312	25,819,349	266,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,477,115	112,200,302	0.013165	24,419,533	321,483	73.00
74.00	07400	RENAL DIALYSIS	129,721	8,018,791	0.016177	3,937,147	63,691	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	10,896	1,679,528	0.006488	156,973	1,018	76.10
76.97	07697	CARDIAC REHABILITATION	99,890	3,008,346	0.033204	2,483	82	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,195,794	191,185,306	0.006255	28,375,444	177,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	986,366	59,633,544	0.016540	3,938,192	65,138	92.00
200.00		Total (lines 50 through 199)	19,718,964	1,604,075,198		289,831,256	3,305,304	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0007		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/25/2020 2:34 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	70,373	0.00	25,168		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	4,597	0.00	1,658		31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	5,601	0.00	1,862		34.00		
41.00	04100	SUBPROVIDER - IRF	0	0	12,500	0.00	9,100		41.00		
43.00	04300	NURSERY		0	2,291	0.00	0		43.00		
200.00	Total (lines 30 through 199)			0	95,362		37,788		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
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: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	566,719	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	566,719	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	185,476,376	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,134,848	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,735,638	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	1,109,446	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	41,822,600	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	114,961,431	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	37,655,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	108,931,173	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	217,090,866	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,315,534	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	47,384,734	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	88,377,233	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46,931,712	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,627,484	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	125,765,230	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,029,861	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	566,719	566,719	112,200,302	0.005051	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,018,791	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	1,679,528	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,008,346	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	191,185,306	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,633,544	0.000000	92.00
200.00		Total (lines 50 through 199)	0	566,719	566,719	1,604,075,198		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 2:34 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	27,669,417	0	27,839,471	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,078,952	0	11,859,709	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	200,053	0	417,944	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	8,472,318	0	6,817,756	0	56.00	
57.00	05700	CT SCAN	0.000000	22,142,375	0	17,078,834	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	6,459,150	0	6,477,188	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	19,998,561	0	32,311,593	0	59.00	
60.00	06000	LABORATORY	0.000000	46,982,538	0	16,082,790	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	80,057	0	2,625,617	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	14,450,956	0	1,289,892	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	7,822,676	0	6,194,572	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	11,837,939	0	5,270,865	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	576,821	0	777,286	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	27,410,322	0	19,856,381	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,819,349	0	14,867,267	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.005051	24,419,533	123,343	17,823,306	90,026	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	3,937,147	0	241,895	0	74.00	
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00	
76.10	03550	OUTPATIENT PSYCH	0.000000	156,973	0	0	0	76.10	
76.97	07697	CARDIAC REHABILITATION	0.000000	2,483	0	1,479,632	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	28,375,444	0	18,409,056	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,938,192	0	13,056,798	0	92.00	
200.00		Total (lines 50 through 199)		289,831,256	123,343	220,777,852	90,026	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 2:34 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.192490	27,839,471	0	0	5,358,820	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446719	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139786	11,859,709	0	0	1,657,821	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1.435161	417,944	0	0	599,817	55.00
56.00	05600	RADIOISOTOPE	0.131907	6,817,756	0	0	899,310	56.00
57.00	05700	CT SCAN	0.024318	17,078,834	0	0	415,323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057101	6,477,188	0	0	369,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057078	32,311,593	0	0	1,844,281	59.00
60.00	06000	LABORATORY	0.107822	16,082,790	0	0	1,734,079	60.00
64.00	06400	INTRAVENOUS THERAPY	0.206652	2,625,617	0	0	542,589	64.00
65.00	06500	RESPIRATORY THERAPY	0.135885	1,289,892	0	0	175,277	65.00
66.00	06600	PHYSICAL THERAPY	0.197215	6,194,572	0	0	1,221,663	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051523	5,270,865	0	0	271,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155035	777,286	0	0	120,507	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314441	19,856,381	0	0	6,243,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239601	14,867,267	0	0	3,562,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312063	17,823,306	0	47,058	5,561,994	73.00
74.00	07400	RENAL DIALYSIS	0.277075	241,895	0	0	67,023	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.106405	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.337738	1,479,632	0	0	499,728	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.099878	18,409,056	0	106	1,838,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.230109	13,056,798	0	15	3,004,487	92.00
200.00		Subtotal (see instructions)		220,777,852	0	47,179	35,988,676	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		220,777,852	0	47,179	35,988,676	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 2:34 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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	14,685		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	11		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3		92.00
200.00		Subtotal (see instructions)	0	14,699		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	14,699		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/25/2020 2:34 pm		
				Component CCN: 14-T007				
				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	3,757,834	185,476,376	0.020260	74,651	1,512	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,618	9,134,848	0.033785	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,313,186	90,735,638	0.025494	423,201	10,789	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	389,172	1,109,446	0.350780	0	0	55.00
56.00	05600	RADIOISOTOPE	834,748	41,822,600	0.019959	159,770	3,189	56.00
57.00	05700	CT SCAN	580,327	114,961,431	0.005048	710,765	3,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	577,866	37,655,215	0.015346	269,831	4,141	58.00
59.00	05900	CARDIAC CATHETERIZATION	882,063	108,931,173	0.008097	275,478	2,231	59.00
60.00	06000	LABORATORY	1,369,666	217,090,866	0.006309	4,142,411	26,134	60.00
64.00	06400	INTRAVENOUS THERAPY	103,149	7,315,534	0.014100	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	410,630	47,384,734	0.008666	1,151,739	9,981	65.00
66.00	06600	PHYSICAL THERAPY	1,031,378	88,377,233	0.011670	17,573,105	205,078	66.00
69.00	06900	ELECTROCARDIOLOGY	445,057	46,931,712	0.009483	221,356	2,099	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,697	4,627,484	0.015926	13,719	218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,699,991	125,765,230	0.013517	539,603	7,294	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,041,800	101,029,861	0.010312	71,379	736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,477,115	112,200,302	0.013165	1,877,232	24,714	73.00
74.00	07400	RENAL DIALYSIS	129,721	8,018,791	0.016177	591,485	9,568	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	10,896	1,679,528	0.006488	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	99,890	3,008,346	0.033204	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,195,794	191,185,306	0.006255	51,497	322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	59,633,544	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	18,732,598	1,604,075,198		28,147,222	311,594	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0007 Component CCN: 14-T007		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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	566,719	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY		0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH		0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	566,719	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0007 Component CCN: 14-T007		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:34 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	185,476,376	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,134,848	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	90,735,638	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	1,109,446	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	41,822,600	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	114,961,431	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	37,655,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	108,931,173	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	217,090,866	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7,315,534	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	47,384,734	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	88,377,233	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	46,931,712	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,627,484	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	125,765,230	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,029,861	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	566,719	566,719	112,200,302	0.005051	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,018,791	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	1,679,528	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,008,346	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	191,185,306	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	59,633,544	0.000000	92.00
200.00		Total (lines 50 through 199)	0	566,719	566,719	1,604,075,198		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0007 Component CCN: 14-T007		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 2:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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		74,651	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		423,201	0	3,100	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		159,770	0	2,460	0	56.00
57.00	05700	CT SCAN	0.000000		710,765	0	2,094	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		269,831	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		275,478	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		4,142,411	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		1,151,739	0	124	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		17,573,105	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		221,356	0	1,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		13,719	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		539,603	0	5,650	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		71,379	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.005051		1,877,232	9,482	1,633	8	73.00
74.00	07400	RENAL DIALYSIS	0.000000		591,485	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0.000000		0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.000000		0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		51,497	0	59	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			28,147,222	9,482	16,563	8	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007

Period:

Worksheet D

Component CCN: 14-T007

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/25/2020 2:34 pm

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	0.192490	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.446719	0	0	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139786	3,100	0	0	433 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	1.435161	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.131907	2,460	0	0	324 56.00
57.00	05700 CT SCAN	0.024318	2,094	0	0	51 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057101	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057078	0	0	0	0 59.00
60.00	06000 LABORATORY	0.107822	0	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.206652	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.135885	124	0	0	17 65.00
66.00	06600 PHYSICAL THERAPY	0.197215	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.051523	1,443	0	0	74 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.155035	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.314441	5,650	0	0	1,777 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.239601	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.312063	1,633	0	5,906	510 73.00
74.00	07400 RENAL DIALYSIS	0.277075	0	0	0	0 74.00
76.00	03950 OTHER ANCILLARY	0.000000	0	0	0	0 76.00
76.10	03550 OUTPATIENT PSYCH	0.106405	0	0	0	0 76.10
76.97	07697 CARDIAC REHABILITATION	0.337738	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.099878	59	0	0	6 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.230109	0	0	0	0 92.00
200.00	Subtotal (see instructions)		16,563	0	5,906	3,192 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		16,563	0	5,906	3,192 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007

Period:

Worksheet D

Component CCN: 14-T007

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
11/25/2020 2:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost	Cost	
			Reimbursed	Reimbursed	
			Services Subject To Ded. & Coins. (see inst.)	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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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	1,843	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	1,843	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,843	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,373	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)		59,251	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		25,168	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)		86,825,417	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)		86,825,417	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)		86,825,417	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,233.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,052,027	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)		31,052,027	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:34 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,755,257	4,597	2,774.69	1,658	4,600,436	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	11,205,598	5,601	2,000.64	1,862	3,725,192	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)					46,618,144	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					85,995,799	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)					2,777,369	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,428,647	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,206,016	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					79,789,783	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)					11,122	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.79	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					13,722,212	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,241,097	86,825,417	0.071881	13,722,212	986,366
91.00	Nursing School cost	0	86,825,417	0.000000	13,722,212	0
92.00	Allied health cost	0	86,825,417	0.000000	13,722,212	0
93.00	All other Medical Education	0	86,825,417	0.000000	13,722,212	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,500	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,500	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)		12,500	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		9,100	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)		12,382,568	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)		12,382,568	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)		12,382,568	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)		990.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,014,551	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,014,551	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 2:34 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00			
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
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					5,168,620	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,183,171	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)					531,622	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					321,076	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					852,698	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,330,473	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0007

Period:

Worksheet D-1

Component CCN: 14-T007

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/25/2020 2:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	730,293	12,382,568	0.058978	0	0	90.00
91.00	Nursing School cost	0	12,382,568	0.000000	0	0	91.00
92.00	Allied health cost	0	12,382,568	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,382,568	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/25/2020 2:34 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		84,003,719		30.00
31.00	03100	INTENSIVE CARE UNIT		14,962,645		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		16,637,627		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.192491	27,669,417	5,326,114	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446719	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139786	9,078,952	1,269,110	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1.437409	200,053	287,558	55.00
56.00	05600	RADIOISOTOPE	0.131907	8,472,318	1,117,558	56.00
57.00	05700	CT SCAN	0.024318	22,142,375	538,458	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057101	6,459,150	368,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057092	19,998,561	1,141,758	59.00
60.00	06000	LABORATORY	0.107844	46,982,538	5,066,785	60.00
64.00	06400	INTRAVENOUS THERAPY	0.206652	80,057	16,544	64.00
65.00	06500	RESPIRATORY THERAPY	0.135885	14,450,956	1,963,668	65.00
66.00	06600	PHYSICAL THERAPY	0.197283	7,822,676	1,543,281	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051612	11,837,939	610,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155035	576,821	89,427	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314441	27,410,322	8,618,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239601	25,819,349	6,186,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312063	24,419,533	7,620,433	73.00
74.00	07400	RENAL DIALYSIS	0.277599	3,937,147	1,092,948	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.106405	156,973	16,703	76.10
76.97	07697	CARDIAC REHABILITATION	0.337738	2,483	839	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.099934	28,375,444	2,835,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.230109	3,938,192	906,213	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		289,831,256	46,618,144	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)		289,831,256		202.00

Health Financial Systems		PRESENCE ST. JOSEPH MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3
			Component CCN: 14-T007	Date/Time Prepared: 11/25/2020 2:34 pm	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		26,963,163	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192491	74,651	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.446719	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139786	423,201	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1.437409	0	55.00
56.00	05600	RADIOISOTOPE	0.131907	159,770	56.00
57.00	05700	CT SCAN	0.024318	710,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057101	269,831	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057092	275,478	59.00
60.00	06000	LABORATORY	0.107844	4,142,411	60.00
64.00	06400	INTRAVENOUS THERAPY	0.206652	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.135885	1,151,739	65.00
66.00	06600	PHYSICAL THERAPY	0.197283	17,573,105	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051612	221,356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155035	13,719	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314441	539,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.239601	71,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.312063	1,877,232	73.00
74.00	07400	RENAL DIALYSIS	0.277599	591,485	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.106405	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.337738	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.099934	51,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.230109	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,147,222	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)		28,147,222	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,311,455	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,421,548	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		428,278	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		759,333	2.04
3.00	Managed Care Simulated Payments		18,925,938	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		401.31	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		9.00	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)		5.85	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)		5.85	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)		9.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.92	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.00	11.00
12.00	Current year allowable FTE (see instructions)		4.92	12.00
13.00	Total allowable FTE count for the prior year.		5.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		3.68	14.00
15.00	Sum of lines 12 through 14 divided by 3.		4.53	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		4.53	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.011288	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.012648	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.011288	21.00
22.00	IME payment adjustment (see instructions)		355,116	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		116,413	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-5.08	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		355,116	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		116,413	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.79	31.00
32.00	Sum of lines 30 and 31		24.55	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.47	33.00
34.00	Disproportionate share adjustment (see instructions)		1,366,829	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000533697	0.000498707
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,415,206	4,164,501
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,112,875	3,117,687
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,230,562	
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	
			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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		64,873,121	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		64,989,534	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,909,629	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).		217,720	52.00
53.00	Nursing and Allied Health Managed Care payment		46,537	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		123,343	58.00
59.00	Total (sum of amounts on lines 49 through 58)		70,286,763	59.00
60.00	Primary payer payments		10,708	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		70,276,055	61.00
62.00	Deductibles billed to program beneficiaries		5,469,332	62.00
63.00	Coinsurance billed to program beneficiaries		175,747	63.00
64.00	Allowable bad debts (see instructions)		1,393,174	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		905,563	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		885,869	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		65,536,539	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-79,460	70.93
70.94	HRR adjustment amount (see instructions)		-908,743	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		182,558	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,365,778	71.00
71.01	Sequestration adjustment (see instructions)		1,074,908	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		61,858,790	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,432,080	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,453,050	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2020 2:34 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,311,455	0	15,311,455		15,311,455	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,421,548	0		42,421,548	42,421,548	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	428,278	0	428,278		428,278	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	759,333	0		759,333	759,333	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	18,925,938	0	5,067,488	13,858,450	18,925,938	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.011288	0.011288	0.011288	0.011288		5.00	
6.00	IME payment adjustment (see instructions)	22.00	355,116	0	94,181	260,935	355,116	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	116,413	0	31,170	85,243	116,413	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	355,116	0	94,181	260,935	355,116	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	116,413	0	31,170	85,243	116,413	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0947	0.0947	0.0947	0.0947		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,366,829	0	362,499	1,004,330	1,366,829	11.00	
11.01	Uncompensated care payments	36.00	4,230,562	0	1,112,875	3,117,687	4,230,562	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	64,873,121	0	17,309,288	47,563,833	64,873,121	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,989,534	0	17,340,458	47,649,076	64,989,534	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,909,629	0	1,331,269	3,578,360	4,909,629	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2020 2:34 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,671,727	51,227,436	69,899,163	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,600,298	0	1,245,732	3,354,566	4,600,298	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	43,894	0	13,659	30,235	43,894	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0067	0.0067	0.0067	0.0067		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	30,822	0	8,346	22,476	30,822	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0510	0.0510	0.0510	0.0510		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	234,615	0	63,532	171,083	234,615	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,909,629	0	1,331,269	3,578,360	4,909,629	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 2:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,311,455	15,311,455		15,311,455	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,421,548		42,421,548	42,421,548	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	428,278	428,278		428,278	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	759,333		759,333	759,333	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	18,925,938	5,067,488	13,858,450	18,925,938	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.011288	0.011288	0.011288		5.00
6.00	IME payment adjustment (see instructions)	22.00	355,116	94,181	260,935	355,116	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	116,413	31,170	85,243	116,413	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	355,116	94,181	260,935	355,116	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	116,413	31,170	85,243	116,413	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0947	0.0947	0.0947		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,366,829	362,499	1,004,330	1,366,829	11.00
11.01	Uncompensated care payments	36.00	4,230,562	1,112,875	3,117,687	4,230,562	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,873,121	17,309,288	47,563,833	64,873,121	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,989,534	17,340,458	47,649,076	64,989,534	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,909,629	1,331,269	3,578,360	4,909,629	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			18,671,727	51,227,436	69,899,163	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 2:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,600,298	1,245,732	3,354,566	4,600,298	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	43,894	13,659	30,235	43,894	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0067	0.0067	0.0067		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	30,822	8,346	22,476	30,822	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0510	0.0510	0.0510		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	234,615	63,532	171,083	234,615	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,909,629	1,331,269	3,578,360	4,909,629	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-79,460	-126,585	47,125	-79,460	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-908,743	-289,387	-619,356	-908,743	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		182,558	0	182,558	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,699	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,898,650	2.00
3.00	OPPS payments		26,039,439	3.00
4.00	Outlier payment (see instructions)		356,402	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		90,026	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,699	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		47,179	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)		47,179	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)		47,179	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		32,480	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)		14,699	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)		26,485,867	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)		4,335,229	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)		22,165,337	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		78,256	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)		22,243,593	30.00
31.00	Primary payer payments		4,644	31.00
32.00	Subtotal (line 30 minus line 31)		22,238,949	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)		774,881	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		503,673	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		498,155	36.00
37.00	Subtotal (see instructions)		22,742,622	37.00
38.00	MSP-LCC reconciliation amount from PS&R		55	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,742,567	40.00
40.01	Sequestration adjustment (see instructions)		379,801	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		22,247,186	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		115,580	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		1,843	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,184	2.00
3.00	OPPS payments		1,747	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		8	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,843	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,906	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)		5,906	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)		5,906	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,063	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)		1,843	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)		1,755	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)		163	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)		3,435	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)		3,435	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,435	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)		3,435	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)		3,435	40.00
40.01	Sequestration adjustment (see instructions)		57	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		3,158	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		220	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/25/2020 2:34 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		60,878,935		21,684,454	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		644,853		383,121	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	02/11/2020	335,002	02/11/2020	179,611	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)		335,002		179,611	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)		61,858,790		22,247,186	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		1,432,080		115,580	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		63,290,870		22,362,766	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part I Date/Time Prepared: 11/25/2020 2:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		15,006,930		3,158
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/11/2020	10,716		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		10,716		0
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)		15,017,646		3,158
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		3,460		220
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		15,021,106		3,378
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/25/2020 2:34 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			14,962,643 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0223 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			332,171 3.00
4.00	Outlier Payments			94,264 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)			34.153005 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)			15,389,078 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)			15,389,078 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			15,389,078 19.00
20.00	Deductibles			80,124 20.00
21.00	Subtotal (line 19 minus line 20)			15,308,954 21.00
22.00	Coinsurance			52,910 22.00
23.00	Subtotal (line 21 minus line 22)			15,256,044 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			16,450 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			10,693 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,512 26.00
27.00	Subtotal (sum of lines 23 and 25)			15,266,737 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)			9,482 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			15,276,219 32.00
32.01	Sequestration adjustment (see instructions)			255,113 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			15,017,646 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)			3,460 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			94,264 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: 14-0007 Period: From 07/01/2019 To 06/30/2020 Worksheet E-4 Date/Time Prepared: 11/25/2020 2:34 pm

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.		0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		9.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		5.85	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)		5.85	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)		9.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		3.92	6.00
7.00	Enter the lesser of line 5 or line 6		3.92	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.96	2.00	2.96	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.96	2.00	2.96	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.00		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	0.96	3.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	4.29		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.67		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.32	3.65		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.32	3.65		17.00
18.00	Per resident amount	127,364.69	127,364.69		18.00
19.00	Approved amount for resident costs	40,757	464,881	505,638	19.00

20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)		0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)		0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)		0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)		0.00	23.00
24.00	Multiply line 22 time line 23		0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)		505,638	25.00

Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
1.00	2.00	2.01	3.00

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	37,788	5,555	5,555	26.00
27.00	Total Inpatient Days (see instructions)	82,207	82,207	82,207	27.00
28.00	Ratio of inpatient days to total inpatient days	0.459669	0.067573	0.067573	28.00
29.00	Program direct GME amount	232,426	34,167	34,167	300,760
29.01	Percent reduction for MA DGME		7.00	7.00	
30.00	Reduction for direct GME payments for Medicare Advantage		2,392	2,392	4,784
31.00	Net Program direct GME amount				295,976

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/25/2020 2:34 pm	
		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)			8,018,791	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)			100,178,970	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)			10,708	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			100,168,262	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			36,008,410	42.00
43.00	Primary payer payments (see instructions)			4,644	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			36,003,766	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			136,172,028	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.735601	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.264399	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			295,976	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			217,720	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			78,256	50.00

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

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/25/2020 2:34 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	1,483,965	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	180,014,708	0	0	0	4.00
5.00 Other receivable	27,469,647	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-136,045,630	0	0	0	6.00
7.00 Inventory	7,308,862	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	4,122,047	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)	84,353,599	0	0	0	11.00
FIXED ASSETS					
12.00 Land	7,950,000	0	0	0	12.00
13.00 Land improvements	1,188,596	0	0	0	13.00
14.00 Accumulated depreciation	-640,374	0	0	0	14.00
15.00 Buildings	118,351,012	0	0	0	15.00
16.00 Accumulated depreciation	-8,905,285	0	0	0	16.00
17.00 Leasehold improvements	2,716,393	0	0	0	17.00
18.00 Accumulated depreciation	-388,772	0	0	0	18.00
19.00 Fixed equipment	2,170,592	0	0	0	19.00
20.00 Accumulated depreciation	-352,920	0	0	0	20.00
21.00 Automobiles and trucks	21,638	0	0	0	21.00
22.00 Accumulated depreciation	-11,220	0	0	0	22.00
23.00 Major movable equipment	26,427,194	0	0	0	23.00
24.00 Accumulated depreciation	-14,028,786	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)	134,498,068	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	22,704,113	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	22,704,113	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	241,555,780	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	57,124,192	0	0	0	37.00
38.00 Salaries, wages, and fees payable	7,329,449	0	0	0	38.00
39.00 Payroll taxes payable	1,951,972	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	-202,733	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	101,491,864	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	167,694,744	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	24,115,504	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	24,115,504	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	191,810,248	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	49,745,532	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	49,745,532	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	241,555,780	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/25/2020 2:34 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		132,491,219		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-13,319,726				2.00
3.00	Total (sum of line 1 and line 2)		119,171,493		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		119,171,493		0		11.00
12.00	NET ASSET TRANSFER	69,425,961		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)		69,425,961		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		49,745,532		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2020 2:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	228,403,268		228,403,268	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	36,600,878		36,600,878	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)	265,004,146		265,004,146	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	39,757,654		39,757,654	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	45,265,864		45,265,864	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	85,023,518		85,023,518	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	350,027,664		350,027,664	17.00
18.00	Ancillary services	699,432,774	760,549,545	1,459,982,319	18.00
19.00	Outpatient services	0	126,259,882	126,259,882	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	31,413	3,917,636	3,949,049	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,049,491,851	890,727,063	1,940,218,914	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		374,919,858		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)		374,919,858		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0007

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/25/2020 2:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,940,218,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,604,545,509	2.00
3.00	Net patient revenues (line 1 minus line 2)	335,673,405	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	374,919,858	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,246,453	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-22,989	6.00
7.00	Income from investments	-36,656	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,038,840	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	1,130	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	1,525,390	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	627,141	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.50	COVID-19 PHE Funding	22,793,871	24.50
25.00	Total other income (sum of lines 6-24)	25,926,727	25.00
26.00	Total (line 5 plus line 25)	-13,319,726	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-13,319,726	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0007	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 2:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,600,298	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,894	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)		190.46	3.00
4.00	Number of interns & residents (see instructions)		4.53	4.00
5.00	Indirect medical education percentage (see instructions)		0.67	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)		30,822	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.79	8.00
9.00	Sum of lines 7 and 8		24.55	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.10	10.00
11.00	Disproportionate share adjustment (see instructions)		234,615	11.00
12.00	Total prospective capital payments (see instructions)		4,909,629	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