

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: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/27/2021 3:48 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/27/2021	Time: 3:48 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL (14-0029) 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)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	58,709	138,621	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	5,968	5		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	64,677	138,626	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: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/27/2021 3:48 pm
---	--	--	--	-----------------------	---	---

1.00		2.00		3.00		4.00				2/27/2022 3:40 pm	
Hospital and Hospital Health Care Complex Address:											
1.00	Street:2000 OGDEN AVENUE		PO Box:								1.00
2.00	City: AURORA		State: IL		Zip Code: 60504		County: KANE				2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	COPLEY MEMORIAL HOSPITAL		140029	20994	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	COPLEY MEMORIAL HOSPITAL REHAB		14T029	20994	5	01/01/1991	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
											From:
							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)						2				21.00
					1.00		2.00		3.00		

Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/27/2021 3:48 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	
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.	2,865	2,190	0	0	7,999	139	24.00
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.	25	92	0	0	111		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/27/2021 3:48 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			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
61.01	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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	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	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	
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
	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	
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)				Y	N 0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/27/2021 3:48 pm	
			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.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/27/2021 3:48 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:	624,525	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	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)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0029		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/27/2021 3:48 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:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				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				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
161.10	CORF			N		N		N		161.10
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								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		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/27/2021 3:48 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)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	11/03/2020	Y 11/03/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/27/2021 3:48 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	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JONATHAN	SHEDDEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	COPLEY MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-692-5726	JONATHAN.SHEDDEN@RUSHCOPLEY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/27/2021 3:48 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 OF ACCT. & 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: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/27/2021 3:48 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	157	57,462	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)		157	57,462	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00
8.01 NICU	31.01	13	4,758	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/27/2021 3:48 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)	13,414	3,573	34,207			1.00
2.00	HMO and other (see instructions)	5,058	7,999				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	111				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)	13,414	3,573	34,207			7.00
8.00	INTENSIVE CARE UNIT	1,269	552	5,289			8.00
8.01	NICU	0	441	4,224			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		489	4,681			13.00
14.00	Total (see instructions)	14,683	5,055	48,401	11.84	1,496.82	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	2,755	117	4,647	1.00	23.49	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				12.84	1,520.31	27.00
28.00	Observation Bed Days		1,856	8,814			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	139	1,911			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/27/2021 3:48 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	3,506	674	10,732	1.00
2.00 HMO and other (see instructions)			1,023	2,309		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,506	674	10,732	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	212	96	345	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	126,643,477	0	126,643,477	3,066,686.00	41.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		730,333	0	730,333	6,336.00	115.27
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	646,642	0	646,642	25,037.00	25.83
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,349,224	388,603	2,737,827	100,637.00	27.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,104,561	0	1,104,561	16,889.00	65.40
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,250,778	0	1,250,778	8,338.00	150.01
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		34,715,011	0	34,715,011		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		775,685	0	775,685		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		114,698	0	114,698		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		183,208	0	183,208		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/27/2021 3:48 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	893,398	0	893,398	14,911.00	59.92	26.00
27.00	Administrative & General	5.00	29,139,350	-388,603	28,750,747	498,661.00	57.66	27.00
28.00	Administrative & General under contract (see inst.)		269,405	0	269,405	5,699.00	47.27	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,789,964	0	2,789,964	86,901.00	32.11	30.00
31.00	Laundry & Linen Service	8.00	124,743	0	124,743	4,305.00	28.98	31.00
32.00	Housekeeping	9.00	2,012,299	0	2,012,299	87,334.00	23.04	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,607,892	-1,031,945	575,947	26,531.00	21.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,031,945	1,031,945	47,536.00	21.71	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,537,206	0	3,537,206	63,935.00	55.33	38.00
39.00	Central Services and Supply	14.00	485,529	0	485,529	20,977.00	23.15	39.00
40.00	Pharmacy	15.00	3,063,619	0	3,063,619	66,737.00	45.91	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	157,918	0	157,918	4,120.00	38.33	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/27/2021 3:48 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)	125,535,907	0	125,535,907	3,041,012.00	41.28	1.00
2.00	Excluded area salaries (see instructions)	2,349,224	388,603	2,737,827	100,637.00	27.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	123,186,683	-388,603	122,798,080	2,940,375.00	41.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,355,339	0	2,355,339	25,227.00	93.37	4.00
5.00	Subtotal wage-related costs (see inst.)	34,715,011	0	34,715,011	0.00	28.27	5.00
6.00	Total (sum of lines 3 thru 5)	160,257,033	-388,603	159,868,430	2,965,602.00	53.91	6.00
7.00	Total overhead cost (see instructions)	44,081,323	-388,603	43,692,720	927,647.00	47.10	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 1/27/2021 3:48 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,345,192	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		412,142	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)		16,591,844	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		430,746	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		184,270	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)		1,588,417	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,285,431	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		10,635,743	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		61,644	19.00
20.00	State or Federal Unemployment Taxes		-3,164	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		447,810	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		35,980,075	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: 14-0029

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 1/27/2021 3:48 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	1,104,561	35,980,075	1.00
2.00	Hospital	1,104,561	34,896,702	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	779,744	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	303,629	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/27/2021 3:48 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)			0.184717 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	35,898,562		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	11,871,152		5.00
6.00	Medicaid charges	282,786,599		6.00
7.00	Medicaid cost (line 1 times line 6)	52,235,492		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)	4,465,778		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)	4,465,778		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,813,664	1,908,017	11,721,681 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,812,751	1,908,017	3,720,768 21.00
22.00	Payments received from patients for amounts previously written off as charity care	36,219	43,238	79,457 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,776,532	1,864,779	3,641,311 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)	31,506,453		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	988,844		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,521,298		27.01
28.00	Non-Medicare bad debt expense (see instructions)	29,985,155		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	6,071,222		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	9,712,533		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,178,311		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
1/27/2021 3:48 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		8,124,683	8,124,683	3,885,519	12,010,202	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	949,737	949,737	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	893,398	3,143,783	4,037,181	31,949,340	35,986,521	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,899,723	37,616,180	41,515,903	-895,286	40,620,617	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25,239,627	59,941,343	85,180,970	-9,379,079	75,801,891	5.06
7.00	00700	OPERATION OF PLANT	2,789,964	8,551,362	11,341,326	-641,692	10,699,634	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	124,743	1,177,974	1,302,717	-28,691	1,274,026	8.00
9.00	00900	HOUSEKEEPING	2,012,299	2,289,358	4,301,657	-462,829	3,838,828	9.00
10.00	01000	DIETARY	1,607,892	2,015,137	3,623,029	-2,457,728	1,165,301	10.00
11.00	01100	CAFETERIA	0	0	0	2,087,913	2,087,913	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,537,206	1,648,428	5,185,634	-813,591	4,372,043	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	485,529	892,074	1,377,603	-116,072	1,261,531	14.00
15.00	01500	PHARMACY	3,063,619	19,718,402	22,782,021	-18,840,954	3,941,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,690,952	2,690,952	0	2,690,952	16.00
17.00	01700	SOCIAL SERVICE	157,918	116,328	274,246	-36,321	237,925	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	646,642	148,728	795,370	-148,728	646,642	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	921,218	333,393	1,254,611	-211,880	1,042,731	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,945,000	6,806,893	29,751,893	-5,290,079	24,461,814	30.00
31.00	03100	INTENSIVE CARE UNIT	2,676,429	1,590,798	4,267,227	-626,722	3,640,505	31.00
31.01	03101	NICU	3,515,010	1,345,130	4,860,140	-809,629	4,050,511	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,754,037	571,385	2,325,422	-404,518	1,920,904	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,941,786	20,789,104	24,730,890	-14,951,836	9,779,054	50.00
50.01	05001	SAME DAY SURGERY	1,693,987	549,587	2,243,574	-415,579	1,827,995	50.01
50.02	05002	G. I. LAB	1,563,780	2,561,852	4,125,632	-1,125,874	2,999,758	50.02
51.00	05100	RECOVERY ROOM	797,269	211,920	1,009,189	-189,905	819,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,732,878	2,853,225	8,586,103	-1,464,281	7,121,822	52.00
53.00	05300	ANESTHESIOLOGY	170,672	483,729	654,401	-219,358	435,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,433,819	3,065,338	7,499,157	-1,628,474	5,870,683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,855	1,688,047	4,360,902	-622,421	3,738,481	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	481,330	270,815	752,145	-170,767	581,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,132,856	6,581,392	9,714,248	-720,559	8,993,689	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,964,805	1,746,052	3,710,857	-1,017,294	2,693,563	65.00
69.00	06900	ELECTROCARDIOLOGY	1,163,287	986,620	2,149,907	-627,052	1,522,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,800,741	12,800,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,004,938	10,004,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,700,963	18,700,963	73.00
74.00	07400	RENAL DIALYSIS	0	1,116,163	1,116,163	0	1,116,163	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,045,175	2,240,725	3,285,900	-257,793	3,028,107	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	4,001,144	1,498,990	5,500,134	-1,044,052	4,456,082	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	2,033,379	6,294,520	8,327,899	-5,238,482	3,089,417	75.05
75.06	07506	YORKVILLE	3,564,547	2,597,712	6,162,259	-868,036	5,294,223	75.06
75.07	07507	MCAI	2,131,007	2,076,297	4,207,304	-841,003	3,366,301	75.07
76.00	03020	DIABETIC CENTER	229,284	113,048	342,332	-53,285	289,047	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,964,410	1,020,894	2,985,304	-500,328	2,484,976	90.00
90.01	09001	WOUND CARE CENTER	0	1,233,042	1,233,042	-295,855	937,187	90.01
90.02	04950	ENDOCRINOLOGY	621,751	434,261	1,056,012	-93,956	962,056	90.02
91.00	09100	EMERGENCY	6,438,015	3,917,213	10,355,228	-1,640,083	8,715,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
1/27/2021 3:48 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	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		4,835,256	4,835,256	-4,835,256	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,048,290	227,888,133	353,936,423	393,823	354,330,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,225	349,642	450,867	-23,282	427,585	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	304,027	1,879,347	2,183,374	-69,925	2,113,449	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	189,935	1,604,050	1,793,985	-300,616	1,493,369	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	126,643,477	231,721,172	358,364,649	0	358,364,649	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,885,519	8,124,683	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-949,737	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-20,850	35,965,671	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-35,230,830	5,389,787	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,699,352	56,102,539	5.06
7.00	00700	OPERATION OF PLANT	-192,678	10,506,956	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,274,026	8.00
9.00	00900	HOUSEKEEPING	0	3,838,828	9.00
10.00	01000	DIETARY	0	1,165,301	10.00
11.00	01100	CAFETERIA	-35,345	2,052,568	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,491	4,370,552	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,261,531	14.00
15.00	01500	PHARMACY	-1,561,644	2,379,423	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,509	2,689,443	16.00
17.00	01700	SOCIAL SERVICE	0	237,925	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	646,642	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-685,034	357,697	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,106,552	23,355,262	30.00
31.00	03100	INTENSIVE CARE UNIT	-842,352	2,798,153	31.00
31.01	03101	NICU	-277,590	3,772,921	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-125,134	1,795,770	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-225,450	9,553,604	50.00
50.01	05001	SAME DAY SURGERY	0	1,827,995	50.01
50.02	05002	G. I. LAB	-12,454	2,987,304	50.02
51.00	05100	RECOVERY ROOM	0	819,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,093,448	6,028,374	52.00
53.00	05300	ANESTHESIOLOGY	170,805	605,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-68,223	5,802,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-21,739	3,716,742	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	581,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,300	8,923,389	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,023	2,700,586	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,522,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,800,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,004,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,700,963	73.00
74.00	07400	RENAL DIALYSIS	0	1,116,163	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-1,288,436	1,739,671	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-52,911	4,403,171	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	3,089,417	75.05
75.06	07506	YORKVILLE	-4,120	5,290,103	75.06
75.07	07507	MCAI	-6,198	3,360,103	75.07
76.00	03020	DIABETIC CENTER	0	289,047	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-32,457	2,452,519	90.00
90.01	09001	WOUND CARE CENTER	-18,000	919,187	90.01
90.02	04950	ENDOCRINOLOGY	-102,658	859,398	90.02
91.00	09100	EMERGENCY	-686,866	8,028,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-68,121,049	286,209,197	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	427,585	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,113,449	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,493,369	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-68,121,049	290,243,600	200.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/27/2021 3:48 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	3,885,519	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	949,737	2.00
	0		0	4,835,256	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,800,741	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
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
30.00		0.00	0	0	30.00
	0		0	12,800,741	
C - WORKMENS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,285,431	1.00
	0		0	1,285,431	
D - CAFETERIA					
1.00	CAFETERIA	11.00	1,031,945	1,055,968	1.00
	0		1,031,945	1,055,968	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,660,597	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6

Date/Time Prepared:
1/27/2021 3:48 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
0		0	30,660,597		
G - ADVERTISING					
1.00	OTHER NONREIMBURSABLE COST	194.04	388,603	939,982	1.00
	CTRS				
	TOTALS		388,603	939,982	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	10,004,938	1.00
	PATIENTS				
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
0		0	10,004,938		
J - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,700,963	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,312	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
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
	TOTALS		0	18,704,275	
500.00	Grand Total: Increases		1,420,548	80,287,188	500.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
1/27/2021 3:48 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	4,835,256	11		1.00
2.00		0.00	0	0	11		2.00
			0	4,835,256			
	B - MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	689,534	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	34	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,250	0		3.00
4.00	PHARMACY	15.00	0	36,825	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	14,230	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	11,351	0		6.00
7.00	NICU	31.01	0	1,177	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,297	0		8.00
9.00	OPERATING ROOM	50.00	0	5,741,605	0		9.00
10.00	SAME DAY SURGERY	50.01	0	25,962	0		10.00
11.00	G. I. LAB	50.02	0	758,252	0		11.00
12.00	RECOVERY ROOM	51.00	0	2,984	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	97,827	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	96,902	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	603,936	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,225	0		16.00
17.00	MRI	58.00	0	59,109	0		17.00
19.00	RESPIRATORY THERAPY	65.00	0	565,389	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	48,384	0		20.00
21.00	CARDIAC REHAB	75.01	0	1,523	0		21.00
22.00	REHAB SERVICES	75.03	0	3,145	0		22.00
23.00	VASCULAR SERVICES	75.05	0	3,383,002	0		23.00
24.00	YORKVILLE	75.06	0	42,542	0		24.00
25.00	MCAI	75.07	0	340,326	0		25.00
26.00	DIABETIC CENTER	76.00	0	550	0		26.00
27.00	CLINIC	90.00	0	60,266	0		27.00
28.00	WOUND CARE CENTER	90.01	0	46,258	0		28.00
30.00	EMERGENCY	91.00	0	158,856	0		30.00
			0	12,800,741			
	C - WORKMENS COMP INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,285,431	0		1.00
			0	1,285,431			
	D - CAFETERIA						
1.00	DIETARY	10.00	1,031,945	1,055,968	0		1.00
			1,031,945	1,055,968			
	E - EMPLOYEE BENEFITS						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	895,286	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,634,431	0		2.00
3.00	OPERATION OF PLANT	7.00	0	641,692	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	28,691	0		4.00
5.00	HOUSEKEEPING	9.00	0	462,829	0		5.00
6.00	DIETARY	10.00	0	369,815	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	813,557	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	111,672	0		8.00
9.00	PHARMACY	15.00	0	704,632	0		9.00
10.00	SOCIAL SERVICE	17.00	0	36,321	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	148,728	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	211,880	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5,275,849	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	615,371	0		14.00
15.00	NICU	31.01	0	808,452	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	403,221	0		16.00
17.00	OPERATING ROOM	50.00	0	906,611	0		17.00
18.00	SAME DAY SURGERY	50.01	0	389,617	0		18.00
19.00	G. I. LAB	50.02	0	359,173	0		19.00
20.00	RECOVERY ROOM	51.00	0	183,372	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,318,562	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	39,255	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,019,777	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	616,196	0		24.00
25.00	MRI	58.00	0	110,706	0		25.00
26.00	LABORATORY	60.00	0	720,557	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	451,905	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6

Date/Time Prepared:
1/27/2021 3:48 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	ELECTROCARDIOLOGY	69.00	0	578,478	0		28.00
29.00	CARDIAC REHAB	75.01	0	256,081	0		29.00
30.00	REHAB SERVICES	75.03	0	1,040,907	0		30.00
31.00	VASCULAR SERVICES	75.05	0	467,677	0		31.00
32.00	YORKVILLE	75.06	0	819,846	0		32.00
33.00	MCAI	75.07	0	496,546	0		33.00
34.00	DIABETIC CENTER	76.00	0	52,735	0		34.00
35.00	CLINIC	90.00	0	438,378	0		35.00
36.00	ENDOCRINOLOGY	90.02	0	28,847	0		36.00
37.00	EMERGENCY	91.00	0	1,480,536	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23,282	0		38.00
39.00	PHYSICIAN SERVICES	194.00	0	69,925	0		39.00
40.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	1,629,201	0		40.00
			0	30,660,597			
G - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	388,603	939,982	0		1.00
	TOTALS		388,603	939,982			
I - IMPLANTABLE DEVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	55,092	0		1.00
2.00	OPERATING ROOM	50.00	0	8,259,024	0		2.00
3.00	G. I. LAB	50.02	0	8,449	0		3.00
4.00	VASCULAR SERVICES	75.05	0	1,387,803	0		4.00
5.00	YORKVILLE	75.06	0	329	0		5.00
6.00	WOUND CARE CENTER	90.01	0	245,658	0		6.00
7.00	EMERGENCY	91.00	0	691	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	47,892	0		8.00
			0	10,004,938			
J - DRUGS							
1.00		0.00	0	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	386,006	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,150	0		3.00
4.00	PHARMACY	15.00	0	18,099,497	0		4.00
5.00	OPERATING ROOM	50.00	0	44,596	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,761	0		6.00
7.00	RECOVERY ROOM	51.00	0	3,549	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	83,201	0		8.00
9.00	MRI	58.00	0	952	0		9.00
10.00	LABORATORY	60.00	0	2	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	190	0		11.00
12.00	CARDIAC REHAB	75.01	0	189	0		12.00
14.00	YORKVILLE	75.06	0	5,319	0		14.00
15.00	MCAI	75.07	0	4,131	0		15.00
16.00	CLINIC	90.00	0	1,684	0		16.00
17.00	WOUND CARE CENTER	90.01	0	3,939	0		17.00
18.00	ENDOCRINOLOGY	90.02	0	65,109	0		18.00
	TOTALS		0	18,704,275			
500.00	Grand Total: Decreases		1,420,548	80,287,188			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/27/2021 3:48 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	2,441,298	0	0	0	0	1.00	
2.00	Land Improvements	16,906,698	343,679	0	343,679	0	2.00	
3.00	Buildings and Fixtures	133,258,666	5,999,058	0	5,999,058	0	3.00	
4.00	Building Improvements	3,743,627	0	0	0	0	4.00	
5.00	Fixed Equipment	110,646,214	13,510,108	0	13,510,108	0	5.00	
6.00	Movable Equipment	173,449,545	17,817,271	0	17,817,271	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	440,446,048	37,670,116	0	37,670,116	0	8.00	
9.00	Reconciling Items	13,139,681	8,621,481	0	8,621,481	0	9.00	
10.00	Total (line 8 minus line 9)	427,306,367	29,048,635	0	29,048,635	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0				1.00	
2.00	Land Improvements	17,250,377	0				2.00	
3.00	Buildings and Fixtures	139,257,724	0				3.00	
4.00	Building Improvements	3,743,627	0				4.00	
5.00	Fixed Equipment	124,156,322	0				5.00	
6.00	Movable Equipment	191,266,816	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	478,116,164	0				8.00	
9.00	Reconciling Items	21,761,162	0				9.00	
10.00	Total (line 8 minus line 9)	456,355,002	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/27/2021 3:48 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	8,124,683	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,124,683	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	8,124,683				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,124,683				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/27/2021 3:48 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	286,849,348	0	286,849,348	0.599957	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	191,266,816	0	191,266,816	0.400043	0	2.00
3.00	Total (sum of lines 1-2)	478,116,164	0	478,116,164	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	8,124,683	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
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	8,124,683	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	0	0	0	0	8,124,683	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
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	8,124,683	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:
1/27/2021 3:48 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,885,519	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - POB NEW CRC (chapter 2)		0	POB NEW CRC	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-949,737	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-260,689	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-40,071	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,678,703			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-20,555	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,509	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-14,790	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - POB NEW CRC		0	POB NEW CRC	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:
1/27/2021 3:48 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	IDPA PROVIDER TAX	A	-19,023,050	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	340B REVENUE	B	-1,536,418	PHARMACY	15.00	0	33.01
33.03	BAD DEBTS	A	-35,051,657	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC REV	B	-20,850	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	MISC REV	B	-179,173	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MISC REV	B	-193,702	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07	MISC REV	B	-152,607	OPERATION OF PLANT	7.00	0	33.07
33.08	MISC REV	B	-1,491	NURSING ADMINISTRATION	13.00	0	33.08
33.09	MISC REV	B	-25,226	PHARMACY	15.00	0	33.09
33.11	MISC REV	B	-10,975	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.11
33.12	MISC REV	B	-655,964	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	MISC REV	B	-12,454	G. I. LAB	50.02	0	33.13
33.14	MISC REV	B	-750	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	MISC REV	B	-9,203	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC REV	B	-21,739	RADIOLOGY-THERAPEUTIC	55.00	0	33.16
33.17	MISC REV	B	-110,236	CARDIAC REHAB	75.01	0	33.17
33.18	MISC REV	B	-52,911	REHAB SERVICES	75.03	0	33.18
33.19	MISC REV	B	-24,287	CLINIC	90.00	0	33.19
33.21	MISC REV	B	-2,910	EMERGENCY	91.00	0	33.21
33.22	AHA/IHA LOBBYING FEES	A	-31,623	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.22
33.23	PATIENT TV & RADIO	A	-4,120	YORKVILLE	75.06	0	33.23
33.26	PATIENT TV & RADIO	A	-6,198	MCAI	75.07	0	33.26
33.27	BAD DEBTS	A	-8,170	CLINIC	90.00	0	33.27
33.28	NONALLOWABLE DUES	B	-28,732	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.28
33.29	MISC REV	B	-105	NICU	31.01	0	33.29
33.30	MISC REV	B	-2,267	INTENSIVE CARE UNIT	31.00	0	33.30
33.31	BAD DEBTS	A	-102,658	ENDOCRINOLOGY	90.02	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,121,049				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
1/27/2021 3:48 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	5.00	OTHER ADMINISTRATIVE AND GENERAL	161,556	161,556	0	179,000	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	781,373	594,323	187,050	179,000	1,247	2.00
3.00	30.00	ADULTS & PEDIATRICS	484,323	425,523	58,800	179,000	392	3.00
4.00	31.00	INTENSIVE CARE UNIT	840,085	840,085	0	179,000	0	4.00
5.00	31.01	NICU	369,050	209,450	159,600	179,000	1,064	5.00
6.00	41.00	SUBPROVIDER - IRF	125,134	125,134	0	179,000	0	6.00
7.00	50.00	OPERATING ROOM	373,645	185,957	187,688	246,400	1,251	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,114,815	1,076,265	38,550	179,000	257	8.00
9.00	53.00	ANESTHESIOLOGY	45,000	-236,250	281,250	239,400	1,875	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	59,020	59,020	0	271,900	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	271,900	0	11.00
12.00	60.00	LABORATORY	70,300	70,300	0	271,900	0	12.00
13.00	65.00	RESPIRATORY THERAPY	5,025	-15,975	21,000	179,000	140	13.00
14.00	75.01	CARDIAC REHAB	1,287,063	1,097,313	189,750	179,000	1,265	14.00
15.00	75.02	HEART SURGERY	0	0	0	179,000	0	15.00
16.00	75.06	YORKVILLE	0	0	0	179,000	0	16.00
17.00	75.07	MCAI	0	0	0	179,000	0	17.00
18.00	90.01	WOUND CARE CENTER	18,000	18,000	0	179,000	0	18.00
19.00	91.00	EMERGENCY	756,847	629,756	127,091	179,000	847	19.00
200.00			6,491,236	5,240,457	1,250,779		8,338	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	107,314	5,366	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	33,735	1,687	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.01	NICU	91,565	4,578	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	148,195	7,410	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	22,117	1,106	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	215,805	10,790	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	12,048	602	0	0	0	13.00
14.00	75.01	CARDIAC REHAB	108,863	5,443	0	0	0	14.00
15.00	75.02	HEART SURGERY	0	0	0	0	0	15.00
16.00	75.06	YORKVILLE	0	0	0	0	0	16.00
17.00	75.07	MCAI	0	0	0	0	0	17.00
18.00	90.01	WOUND CARE CENTER	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	72,891	3,645	0	0	0	19.00
200.00			812,533	40,627	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	161,556		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	107,314	79,736	674,059		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	33,735	25,065	450,588		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	840,085		4.00
5.00	31.01	NICU	0	91,565	68,035	277,485		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	125,134		6.00
7.00	50.00	OPERATING ROOM	0	148,195	39,493	225,450		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	22,117	16,433	1,092,698		8.00
9.00	53.00	ANESTHESIOLOGY	0	215,805	65,445	-170,805		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	59,020		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		11.00
12.00	60.00	LABORATORY	0	0	0	70,300		12.00
13.00	65.00	RESPIRATORY THERAPY	0	12,048	8,952	-7,023		13.00
14.00	75.01	CARDIAC REHAB	0	108,863	80,887	1,178,200		14.00
15.00	75.02	HEART SURGERY	0	0	0	0		15.00
16.00	75.06	YORKVILLE	0	0	0	0		16.00
17.00	75.07	MCAI	0	0	0	0		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
1/27/2021 3:48 pm

	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		
18.00	90.01	WOUND CARE CENTER	0	0	0	18,000		18.00
19.00	91.00	EMERGENCY	0	72,891	54,200	683,956		19.00
200.00			0	812,533	438,246	5,678,703		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,124,683	8,124,683			1.00
1.01	00101	POB NEW CRC	0	0	0		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,965,671	0	0	35,965,671	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,389,787	0	0	1,115,356	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	56,102,539	1,367,725	0	7,107,631	5.06
7.00	00700	OPERATION OF PLANT	10,506,956	1,049,794	0	797,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,274,026	0	0	35,678	8.00
9.00	00900	HOUSEKEEPING	3,838,828	63,631	0	575,536	9.00
10.00	01000	DIETARY	1,165,301	42,051	0	164,726	10.00
11.00	01100	CAFETERIA	2,052,568	188,999	0	295,146	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,370,552	0	0	1,011,673	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,261,531	113,875	0	138,866	14.00
15.00	01500	PHARMACY	2,379,423	34,744	0	876,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,689,443	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	237,925	15,560	0	45,166	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	646,642	0	0	184,945	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	357,697	0	0	263,477	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,355,262	1,470,531	0	6,562,477	30.00
31.00	03100	INTENSIVE CARE UNIT	2,798,153	376,308	0	765,483	31.00
31.01	03101	NICU	3,772,921	492,840	0	1,005,324	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,795,770	79,513	0	501,670	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,553,604	436,456	0	1,127,386	50.00
50.01	05001	SAME DAY SURGERY	1,827,995	218,228	0	484,496	50.01
50.02	05002	G. I. LAB	2,987,304	13,688	0	447,255	50.02
51.00	05100	RECOVERY ROOM	819,284	39,515	0	228,026	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,028,374	147,029	0	1,639,655	52.00
53.00	05300	ANESTHESIOLOGY	605,848	10,447	0	48,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,802,460	402,638	0	1,268,112	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,716,742	721,978	0	764,461	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	581,378	121,101	0	137,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,923,389	134,669	0	896,025	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,700,586	26,934	0	561,952	65.00
69.00	06900	ELECTROCARDIOLOGY	1,522,855	76,896	0	332,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,800,741	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,004,938	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,700,963	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,116,163	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,739,671	49,781	0	298,929	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	4,403,171	50,888	0	1,144,363	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	3,089,417	0	0	581,565	75.05
75.06	07506	YORKVILLE	5,290,103	0	0	1,019,493	75.06
75.07	07507	MCAI	3,360,103	0	0	609,487	75.07
76.00	03020	DIABETIC CENTER	289,047	0	0	65,577	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,452,519	0	0	561,839	90.00
90.01	09001	WOUND CARE CENTER	919,187	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	859,398	0	0	177,826	90.02
91.00	09100	EMERGENCY	8,028,279	350,904	0	1,841,330	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	286,209,197	8,096,723	0	0	35,684,299	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	427,585	27,960	0	0	28,951	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	2,113,449	0	0	0	86,954	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	1,493,369	0	0	0	165,467	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	290,243,600	8,124,683	0	0	35,965,671	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,505,143					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	64,577,895	64,577,895			5.06
7.00	00700	OPERATION OF PLANT	0	12,354,705	3,535,497	15,890,202		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,309,704	374,793	0	1,684,497	8.00
9.00	00900	HOUSEKEEPING	0	4,477,995	1,281,450	177,164	0	9.00
10.00	01000	DIETARY	0	1,372,078	392,642	117,082	0	10.00
11.00	01100	CAFETERIA	0	2,536,713	725,921	526,223	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,382,225	1,540,210	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,514,272	433,333	317,056	0	14.00
15.00	01500	PHARMACY	0	3,290,390	941,598	96,737	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,689,443	769,627	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	298,651	85,464	43,324	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	831,587	237,972	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	621,174	177,759	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	477,645	31,865,915	9,118,987	4,094,323	763,442	30.00
31.00	03100	INTENSIVE CARE UNIT	63,086	4,003,030	1,145,531	1,047,738	89,022	31.00
31.01	03101	NICU	72,908	5,343,993	1,529,269	1,372,192	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	45,285	2,422,238	693,162	221,385	20,840	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	651,629	11,769,075	3,367,909	1,215,205	107,649	50.00
50.01	05001	SAME DAY SURGERY	87,832	2,618,551	749,340	607,603	78,057	50.01
50.02	05002	G. I. LAB	63,524	3,511,771	1,004,949	38,112	116,999	50.02
51.00	05100	RECOVERY ROOM	81,869	1,168,694	334,440	110,020	127,742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	136,512	7,951,570	2,275,469	409,365	0	52.00
53.00	05300	ANESTHESIOLOGY	132,901	798,010	228,363	29,088	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	827,760	8,300,970	2,375,455	1,121,047	610	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	113,400	5,316,581	1,521,425	2,010,172	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	97,698	937,842	268,378	337,177	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	608,026	10,562,109	3,022,516	374,953	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	119,420	3,408,892	975,509	74,991	0	65.00
69.00	06900	ELECTROCARDIOLOGY	185,743	2,118,205	606,158	214,099	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	196,411	12,997,152	3,719,343	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,692	10,150,630	2,904,765	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	952,772	19,653,735	5,624,231	0	0	73.00
74.00	07400	RENAL DIALYSIS	28,921	1,145,084	327,684	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	11,430	2,099,811	600,895	138,604	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	184,134	5,782,556	1,654,771	141,686	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	186,927	3,857,909	1,104,002	0	0	75.05
75.06	07506	YORKVILLE	244,785	6,554,381	1,875,641	0	0	75.06
75.07	07507	MCAI	104,477	4,074,067	1,165,859	0	0	75.07
76.00	03020	DIABETIC CENTER	1,443	356,067	101,894	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	72,367	3,086,725	883,316	0	0	90.00
90.01	09001	WOUND CARE CENTER	28,679	947,866	271,247	0	0	90.01
90.02	04950	ENDOCRINOLOGY	6,211	1,043,435	298,596	0	0	90.02
91.00	09100	EMERGENCY	575,656	10,796,169	3,089,496	977,007	380,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,505,143	285,899,865	63,334,866	15,812,353	1,684,497	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	484,496	138,646	77,849	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,200,403	629,681	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,658,836	474,702	0	0	194.04
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,505,143	290,243,600	64,577,895	15,890,202	1,684,497	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	5,936,609				9.00
10.00	01000	DIETARY	44,235	1,926,037			10.00
11.00	01100	CAFETERIA	198,814	0	3,987,671		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	118,140	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119,788	0	38,740	0	14.00
15.00	01500	PHARMACY	36,548	0	123,328	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,368	0	7,610	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	46,272	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	21,176	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,546,899	1,503,039	1,192,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	395,850	142,210	160,723	0	31.00
31.01	03101	NICU	518,434	0	160,031	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	83,642	187,578	90,277	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	459,122	0	177,710	0	50.00
50.01	05001	SAME DAY SURGERY	229,561	0	81,937	0	50.01
50.02	05002	G. I. LAB	14,399	0	80,400	0	50.02
51.00	05100	RECOVERY ROOM	41,567	0	27,095	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,664	93,210	254,151	0	52.00
53.00	05300	ANESTHESIOLOGY	10,990	0	13,797	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	423,547	0	206,150	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	759,472	0	131,707	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	127,390	0	13,259	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	141,662	0	181,553	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	28,332	0	88,970	0	65.00
69.00	06900	ELECTROCARDIOLOGY	80,889	0	53,036	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	52,366	0	38,586	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	53,531	0	161,491	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	78,978	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	8,032	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	101,999	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	369,127	0	256,918	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,907,197	1,926,037	3,914,957	0	6,984,491	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,412	0	5,227	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	12,337	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	55,150	0	56,084	194.04
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)	5,936,609	1,926,037	3,987,671	0	7,040,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,423,189					14.00
15.00	01500	PHARMACY	8,266	4,496,867				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,459,070			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	451,417		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,194	0	253,980	451,417	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,548	0	33,545	0	0	31.00
31.01	03101	NICU	264	0	38,768	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	291	0	24,080	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	972,102	0	346,494	0	0	50.00
50.01	05001	SAME DAY SURGERY	5,828	0	46,703	0	0	50.01
50.02	05002	G. I. LAB	169,531	0	33,778	0	0	50.02
51.00	05100	RECOVERY ROOM	670	0	43,533	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,960	0	72,588	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,752	0	70,668	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,568	0	440,149	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,397	0	60,299	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	13,268	0	51,949	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	323,309	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,103	0	63,500	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	10,840	0	98,766	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	147,602	0	104,439	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	77,470	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,496,867	506,680	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,378	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	342	0	6,078	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	706	0	97,911	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	759,396	0	99,395	0	0	75.05
75.06	07506	YORKVILLE	9,441	0	130,161	0	0	75.06
75.07	07507	MCAI	76,394	0	55,554	0	0	75.07
76.00	03020	DIABETIC CENTER	123	0	767	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,528	0	38,480	0	0	90.00
90.01	09001	WOUND CARE CENTER	10,384	0	15,250	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	3,302	0	0	90.02
91.00	09100	EMERGENCY	28,650	0	306,096	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,423,148	4,496,867	3,459,070	451,417	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	41	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,423,189	4,496,867	3,459,070	451,417	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,115,831			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			820,109		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	753,549	553,840	0	54,997,371
31.00	03100	INTENSIVE CARE UNIT	0	36,228	26,627	0	7,598,501
31.01	03101	NICU	0	0	0	0	9,441,262
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	86,948	63,905	0	4,090,545
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,228	26,627	0	18,785,510
50.01	05001	SAME DAY SURGERY	0	0	0	0	4,619,420
50.02	05002	G. I. LAB	0	7,246	5,325	0	5,152,010
51.00	05100	RECOVERY ROOM	0	0	0	0	1,936,258
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,965	42,603	0	12,104,391
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,172,788
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,737	15,976	0	13,041,209
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,933,490
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	1,749,263
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	14,606,102
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,649,297
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,235,226
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	16,968,536
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,132,865
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	30,281,513
74.00	07400	RENAL DIALYSIS	0	14,491	10,651	0	1,513,288
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	36,228	26,627	0	3,090,255
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	0	0	0	0	7,892,652
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	0	0	6,092,705
75.06	07506	YORKVILLE	0	0	0	0	8,661,064
75.07	07507	MCAI	0	0	0	0	5,376,033
76.00	03020	DIABETIC CENTER	0	0	0	0	466,883
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	4,284,793
90.01	09001	WOUND CARE CENTER	0	0	0	0	1,244,747
90.02	04950	ENDOCRINOLOGY	0	0	0	0	1,345,333
91.00	09100	EMERGENCY	0	65,211	47,928	0	16,957,426
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				20.00	21.00			
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,115,831	820,109	0	284,420,736	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	735,630	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	2,842,462	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	2,244,772	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,115,831	820,109	0	290,243,600	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,307,389	30.00
31.00	03100	INTENSIVE CARE UNIT	-62,855	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-150,853	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-62,855	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	-12,571	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-100,568	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,713	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-25,142	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-62,855	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
90.02	04950	ENDOCRINOLOGY	0	90.02
91.00	09100	EMERGENCY	-113,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-1,935,940	282,484,796	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	735,630	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	2,842,462	194.00
194.01	07950 ADVERTISING	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952 HHA HME	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	2,244,772	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-1,935,940	288,307,660	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,367,725	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	1,049,794	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	63,631	0	0	9.00
10.00	01000	DIETARY	0	42,051	0	0	10.00
11.00	01100	CAFETERIA	0	188,999	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113,875	0	0	14.00
15.00	01500	PHARMACY	0	34,744	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,560	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,470,531	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	376,308	0	0	31.00
31.01	03101	NICU	0	492,840	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	79,513	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	436,456	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	218,228	0	0	50.01
50.02	05002	G. I. LAB	0	13,688	0	0	50.02
51.00	05100	RECOVERY ROOM	0	39,515	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	147,029	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,447	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	402,638	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	721,978	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	121,101	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	134,669	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	26,934	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	76,896	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	49,781	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	50,888	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	350,904	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,096,723	0	0	8,096,723
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,960	0	0	27,960
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	194.04
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)	0	8,124,683	0	0	8,124,683

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,367,725			5.06
7.00	00700	OPERATION OF PLANT	0	0	74,882	1,124,676		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,938	0	7,938	8.00
9.00	00900	HOUSEKEEPING	0	0	27,141	12,539	0	9.00
10.00	01000	DIETARY	0	0	8,316	8,287	0	10.00
11.00	01100	CAFETERIA	0	0	15,375	37,245	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	32,622	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,178	22,441	0	14.00
15.00	01500	PHARMACY	0	0	19,943	6,847	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,301	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,810	3,066	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,040	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,765	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	193,106	289,788	3,598	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	24,262	74,157	420	31.00
31.01	03101	NICU	0	0	32,390	97,121	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	14,681	15,669	98	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	71,332	86,010	507	50.00
50.01	05001	SAME DAY SURGERY	0	0	15,871	43,005	368	50.01
50.02	05002	G. I. LAB	0	0	21,285	2,697	551	50.02
51.00	05100	RECOVERY ROOM	0	0	7,083	7,787	602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	48,194	28,974	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,837	2,059	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	50,312	79,345	3	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	32,224	142,276	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	5,684	23,865	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	64,017	26,538	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	20,661	5,308	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,838	15,153	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	78,776	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	61,523	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	119,121	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,940	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	12,727	9,810	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	35,048	10,028	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	23,383	0	0	75.05
75.06	07506	YORKVILLE	0	0	39,726	0	0	75.06
75.07	07507	MCAI	0	0	24,693	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	2,158	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	18,709	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	5,745	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	6,324	0	0	90.02
91.00	09100	EMERGENCY	0	0	65,436	69,151	1,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,341,397	1,119,166	7,938
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,937	5,510	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	13,337	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	10,054	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,367,725	1,124,676	7,938

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	103,311				9.00
10.00	01000	DIETARY	770	59,424			10.00
11.00	01100	CAFETERIA	3,460	0	245,079		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,261	39,883	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,085	0	2,381	0	14.00
15.00	01500	PHARMACY	636	0	7,580	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	285	0	468	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,844	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,301	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,916	46,373	73,314	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,889	4,388	9,878	0	31.00
31.01	03101	NICU	9,022	0	9,835	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,456	5,787	5,548	1,111	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,990	0	10,922	0	50.00
50.01	05001	SAME DAY SURGERY	3,995	0	5,036	0	50.01
50.02	05002	G. I. LAB	251	0	4,941	960	50.02
51.00	05100	RECOVERY ROOM	723	0	1,665	467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,692	2,876	15,620	4,367	52.00
53.00	05300	ANESTHESIOLOGY	191	0	848	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,371	0	12,670	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,217	0	8,095	750	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	2,217	0	815	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,465	0	11,158	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	493	0	5,468	0	65.00
69.00	06900	ELECTROCARDIOLOGY	1,408	0	3,260	302	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	911	0	2,371	514	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	932	0	9,925	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	4,854	1,093	75.05
75.06	07506	YORKVILLE	0	0	0	518	75.06
75.07	07507	MCAI	0	0	0	24	75.07
76.00	03020	DIABETIC CENTER	0	0	494	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	6,269	911	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,424	0	15,790	3,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,799	59,424	240,611	0	39,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	512	0	321	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	758	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	3,389	0	318	194.04
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)	103,311	59,424	245,079	0	39,883	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	149,960					14.00
15.00	01500	PHARMACY	512	70,262				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,301			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	21,189		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	198	0	1,235	21,189		30.00
31.00	03100	INTENSIVE CARE UNIT	158	0	163	0		31.00
31.01	03101	NICU	16	0	189	0		31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	18	0	117	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,155	0	1,685	0		50.00
50.01	05001	SAME DAY SURGERY	361	0	227	0		50.01
50.02	05002	G. I. LAB	10,492	0	164	0		50.02
51.00	05100	RECOVERY ROOM	41	0	212	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,359	0	353	0		52.00
53.00	05300	ANESTHESIOLOGY	1,346	0	344	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,390	0	2,140	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	86	0	293	0		55.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	821	0	253	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	1,572	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	563	0	309	0		65.00
69.00	06900	ELECTROCARDIOLOGY	671	0	480	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,135	0	508	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	377	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	70,262	1,943	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	75	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	07501	CARDIAC REHAB	21	0	30	0		75.01
75.02	07502	HEART SURGERY	0	0	0	0		75.02
75.03	07503	REHAB SERVICES	44	0	476	0		75.03
75.04	07504	CV SURGERY	0	0	0	0		75.04
75.05	07505	VASCULAR SERVICES	46,997	0	483	0		75.05
75.06	07506	YORKVILLE	584	0	633	0		75.06
75.07	07507	MCAI	4,728	0	270	0		75.07
76.00	03020	DIABETIC CENTER	8	0	4	0		76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	837	0	187	0		90.00
90.01	09001	WOUND CARE CENTER	643	0	74	0		90.01
90.02	04950	ENDOCRINOLOGY	0	0	16	0		90.02
91.00	09100	EMERGENCY	1,773	0	1,489	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,957	70,262	16,301	21,189	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	3	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0		194.04
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	149,960	70,262	16,301	21,189		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		7,884				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			5,066			22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,142,653	30.00
31.00	03100	INTENSIVE CARE UNIT					499,543	31.00
31.01	03101	NICU					644,122	31.01
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					123,998	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					676,798	50.00
50.01	05001	SAME DAY SURGERY					288,234	50.01
50.02	05002	G. I. LAB					55,029	50.02
51.00	05100	RECOVERY ROOM					58,095	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					251,464	52.00
53.00	05300	ANESTHESIOLOGY					20,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					562,869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					918,919	55.00
57.00	05700	CT SCAN					0	57.00
58.00	05800	MRI					154,756	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					240,419	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
65.00	06500	RESPIRATORY THERAPY					59,736	65.00
69.00	06900	ELECTROCARDIOLOGY					111,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					88,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					61,900	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					191,326	73.00
74.00	07400	RENAL DIALYSIS					7,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	07501	CARDIAC REHAB					76,165	75.01
75.02	07502	HEART SURGERY					0	75.02
75.03	07503	REHAB SERVICES					107,341	75.03
75.04	07504	CV SURGERY					0	75.04
75.05	07505	VASCULAR SERVICES					76,810	75.05
75.06	07506	YORKVILLE					41,461	75.06
75.07	07507	MCAI					29,715	75.07
76.00	03020	DIABETIC CENTER					2,664	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					26,913	90.00
90.01	09001	WOUND CARE CENTER					6,462	90.01
90.02	04950	ENDOCRINOLOGY					6,340	90.02
91.00	09100	EMERGENCY					516,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			20.00	21.00	22.00	23.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	8,046,634	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					37,240	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00	07954	PHYSICIAN SERVICES					14,098	194.00
194.01	07950	ADVERTISING					0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE					0	194.02
194.03	07952	HHA HME					0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS					13,761	194.04
200.00		Cross Foot Adjustments	0	7,884	5,066	0	12,950	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,884	5,066	0	8,124,683	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	POB NEW CRC			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,142,653	30.00
31.00	03100	INTENSIVE CARE UNIT	0	499,543	31.00
31.01	03101	NICU	0	644,122	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	123,998	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	676,798	50.00
50.01	05001	SAME DAY SURGERY	0	288,234	50.01
50.02	05002	G. I. LAB	0	55,029	50.02
51.00	05100	RECOVERY ROOM	0	58,095	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	251,464	52.00
53.00	05300	ANESTHESIOLOGY	0	20,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	562,869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	918,919	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	154,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	240,419	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	59,736	65.00
69.00	06900	ELECTROCARDIOLOGY	0	111,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	88,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,900	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	191,326	73.00
74.00	07400	RENAL DIALYSIS	0	7,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	76,165	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	107,341	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	76,810	75.05
75.06	07506	YORKVILLE	0	41,461	75.06
75.07	07507	MCAI	0	29,715	75.07
76.00	03020	DIABETIC CENTER	0	2,664	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	26,913	90.00
90.01	09001	WOUND CARE CENTER	0	6,462	90.01
90.02	04950	ENDOCRINOLOGY	0	6,340	90.02
91.00	09100	EMERGENCY	0	516,387	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,046,634	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,240	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	14,098	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	13,761	194.04
200.00		Cross Foot Adjustments	0	12,950	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,124,683	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	403,613					1.00
1.01	00101	POB NEW CRC	0	0				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	125,750,079		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,899,723	1,529,285,222	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	67,945	0	0	24,851,024	0	5.06
7.00	00700	OPERATION OF PLANT	52,151	0	0	2,789,964	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	124,743	0	8.00
9.00	00900	HOUSEKEEPING	3,161	0	0	2,012,299	0	9.00
10.00	01000	DIETARY	2,089	0	0	575,947	0	10.00
11.00	01100	CAFETERIA	9,389	0	0	1,031,945	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,537,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	0	485,529	0	14.00
15.00	01500	PHARMACY	1,726	0	0	3,063,619	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	773	0	0	157,918	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	646,642	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	921,218	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,052	0	0	22,945,000	112,281,372	30.00
31.00	03100	INTENSIVE CARE UNIT	18,694	0	0	2,676,429	14,829,736	31.00
31.01	03101	NICU	24,483	0	0	3,515,010	17,138,742	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,950	0	0	1,754,037	10,645,385	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,682	0	0	3,941,786	153,180,187	50.00
50.01	05001	SAME DAY SURGERY	10,841	0	0	1,693,987	20,646,967	50.01
50.02	05002	G. I. LAB	680	0	0	1,563,780	14,932,797	50.02
51.00	05100	RECOVERY ROOM	1,963	0	0	797,269	19,245,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	0	5,732,878	32,090,347	52.00
53.00	05300	ANESTHESIOLOGY	519	0	0	170,672	31,241,487	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,002	0	0	4,433,819	194,584,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,866	0	0	2,672,855	26,657,227	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	6,016	0	0	481,330	22,966,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,690	0	0	3,132,856	142,930,465	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,338	0	0	1,964,805	28,072,315	65.00
69.00	06900	ELECTROCARDIOLOGY	3,820	0	0	1,163,287	43,663,194	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	46,170,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	34,248,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	224,072,837	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,798,618	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	2,473	0	0	1,045,175	2,686,810	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,528	0	0	4,001,144	43,284,991	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	2,033,379	43,941,387	75.05
75.06	07506	YORKVILLE	0	0	0	3,564,547	57,542,364	75.06
75.07	07507	MCAI	0	0	0	2,131,007	24,559,747	75.07
76.00	03020	DIABETIC CENTER	0	0	0	229,284	339,301	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	1,964,410	17,011,515	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	6,741,712	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	621,751	1,459,970	90.02
91.00	09100	EMERGENCY	17,432	0	0	6,438,015	135,321,091	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	402,224	0	0	124,766,289	1,529,285,222	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,389	0	0	101,225	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	304,027	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	578,538	0	194.04
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)	8,124,683	0	0	35,965,671	6,505,143	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.129884	0.000000	0.000000	0.286009	0.004254	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	- 64,577,895	225,665,705				5.06
7.00	00700	OPERATION OF PLANT	0	12,354,705	283,517			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,309,704	0	1,345,732		8.00
9.00	00900	HOUSEKEEPING	0	4,477,995	3,161	0	280,356	9.00
10.00	01000	DIETARY	0	1,372,078	2,089	0	2,089	10.00
11.00	01100	CAFETERIA	0	2,536,713	9,389	0	9,389	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,382,225	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,514,272	5,657	0	5,657	14.00
15.00	01500	PHARMACY	0	3,290,390	1,726	0	1,726	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,689,443	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	298,651	773	0	773	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	831,587	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	621,174	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	31,865,915	73,052	609,908	73,052	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,003,030	18,694	71,119	18,694	31.00
31.01	03101	NICU	0	5,343,993	24,483	0	24,483	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,422,238	3,950	16,649	3,950	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,769,075	21,682	86,000	21,682	50.00
50.01	05001	SAME DAY SURGERY	0	2,618,551	10,841	62,359	10,841	50.01
50.02	05002	G. I. LAB	0	3,511,771	680	93,470	680	50.02
51.00	05100	RECOVERY ROOM	0	1,168,694	1,963	102,052	1,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,951,570	7,304	0	7,304	52.00
53.00	05300	ANESTHESIOLOGY	0	798,010	519	0	519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,300,970	20,002	487	20,002	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,316,581	35,866	0	35,866	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	937,842	6,016	0	6,016	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,562,109	6,690	0	6,690	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,408,892	1,338	0	1,338	65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,118,205	3,820	0	3,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,997,152	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,150,630	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,653,735	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,145,084	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	2,099,811	2,473	0	2,473	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	5,782,556	2,528	0	2,528	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	3,857,909	0	0	0	75.05
75.06	07506	YORKVILLE	0	6,554,381	0	0	0	75.06
75.07	07507	MCAI	0	4,074,067	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	356,067	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,086,725	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	947,866	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,043,435	0	0	0	90.02
91.00	09100	EMERGENCY	0	10,796,169	17,432	303,688	17,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-64,577,895	221,321,970	282,128	1,345,732	278,967	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	484,496	1,389	0	1,389	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,200,403	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,658,836	0	0	0	194.04
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)		64,577,895	15,890,202	1,684,497	5,936,609	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.286166	56.046734	1.251733	21.175252	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,367,725	1,124,676	7,938	103,311	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006061	3.966873	0.005899	0.368499	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: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	133,093					10.00
11.00	01100	CAFETERIA	0	103,759				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,074	0	936,127		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,008	0	0	10,794,946	14.00
15.00	01500	PHARMACY	0	3,209	0	0	36,825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	198	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,204	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	551	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,863	31,039	0	385,043	14,230	30.00
31.00	03100	INTENSIVE CARE UNIT	9,827	4,182	0	68,535	11,351	31.00
31.01	03101	NICU	0	4,164	0	63,597	1,177	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,962	2,349	0	26,087	1,297	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,624	0	40,871	4,330,549	50.00
50.01	05001	SAME DAY SURGERY	0	2,132	0	26,837	25,962	50.01
50.02	05002	G. I. LAB	0	2,092	0	22,537	755,236	50.02
51.00	05100	RECOVERY ROOM	0	705	0	10,969	2,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,441	6,613	0	102,493	97,827	52.00
53.00	05300	ANESTHESIOLOGY	0	359	0	16	96,902	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,364	0	0	603,936	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,427	0	17,609	6,225	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	345	0	0	59,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,724	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,315	0	0	40,553	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,380	0	7,078	48,292	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	657,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	1,004	0	12,062	1,523	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	4,202	0	0	3,145	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	2,055	0	25,665	3,383,002	75.05
75.06	07506	YORKVILLE	0	0	0	12,158	42,060	75.06
75.07	07507	MCAI	0	0	0	553	340,326	75.07
76.00	03020	DIABETIC CENTER	0	209	0	0	550	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,654	0	21,373	60,266	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	46,258	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	6,685	0	85,187	127,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	133,093	101,867	0	928,670	10,794,765	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	136	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	321	0	0	181	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,435	0	7,457	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,926,037	3,987,671	0	7,040,575	2,423,189	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.471362	38.432049	0.000000	7.520961	0.224474	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	59,424	245,079	0	39,883	149,960	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.446485	2.362002	0.000000	0.042604	0.013892	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: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	10,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,529,285,222				16.00
17.00	01700	SOCIAL SERVICE	0	0	100			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	112,281,372	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,829,736	0	0	0	31.00
31.01	03101	NICU	0	17,138,742	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	10,645,385	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	153,180,187	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	20,646,967	0	0	0	50.01
50.02	05002	G. I. LAB	0	14,932,797	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	19,245,238	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,090,347	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31,241,487	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	194,584,032	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,657,227	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	22,966,058	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	142,930,465	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	28,072,315	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	43,663,194	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	46,170,980	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,248,350	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,000	224,072,837	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,798,618	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	2,686,810	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	43,284,991	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	43,941,387	0	0	0	75.05
75.06	07506	YORKVILLE	0	57,542,364	0	0	0	75.06
75.07	07507	MCAI	0	24,559,747	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	339,301	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	17,011,515	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	6,741,712	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,459,970	0	0	0	90.02
91.00	09100	EMERGENCY	0	135,321,091	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	1,529,285,222	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,496,867	3,459,070	451,417	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	449.686700	0.002262	4,514.170000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,262	16,301	21,189	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.026200	0.000011	211.890000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,400			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		15,400		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,400	10,400	0	30.00
31.00	03100	INTENSIVE CARE UNIT	500	500	0	31.00
31.01	03101	NICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,200	1,200	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	500	500	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	50.01
50.02	05002	G. I. LAB	100	100	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	800	800	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	300	300	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	200	200	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	500	500	0	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	75.06
75.07	07507	MCAI	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	90.02
91.00	09100	EMERGENCY	900	900	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00	23.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				92.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,400	15,400	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	194.04
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,115,831	820,109	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	72.456558	53.253831	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,884	5,066	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.511948	0.328961	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	53,689,982	53,689,982	25,065	53,715,047
31.00	03100	INTENSIVE CARE UNIT	7,535,646	7,535,646	0	7,535,646
31.01	03101	NICU	9,441,262	9,441,262	68,035	9,509,297
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,939,692	3,939,692	0	3,939,692
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,722,655	18,722,655	39,493	18,762,148
50.01	05001	SAME DAY SURGERY	4,619,420	4,619,420	0	4,619,420
50.02	05002	G. I. LAB	5,139,439	5,139,439	0	5,139,439
51.00	05100	RECOVERY ROOM	1,936,258	1,936,258	0	1,936,258
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,003,823	12,003,823	16,433	12,020,256
53.00	05300	ANESTHESIOLOGY	1,172,788	1,172,788	65,445	1,238,233
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,003,496	13,003,496	0	13,003,496
55.00	05500	RADIOLOGY-THERAPEUTIC	9,933,490	9,933,490	0	9,933,490
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	1,749,263	1,749,263	0	1,749,263
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	14,606,102	14,606,102	0	14,606,102
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,649,297	4,649,297	8,952	4,658,249
69.00	06900	ELECTROCARDIOLOGY	3,235,226	3,235,226	0	3,235,226
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,968,536	16,968,536	0	16,968,536
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,132,865	13,132,865	0	13,132,865
73.00	07300	DRUGS CHARGED TO PATIENTS	30,281,513	30,281,513	0	30,281,513
74.00	07400	RENAL DIALYSIS	1,488,146	1,488,146	0	1,488,146
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	3,027,400	3,027,400	80,887	3,108,287
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	7,892,652	7,892,652	0	7,892,652
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	6,092,705	6,092,705	0	6,092,705
75.06	07506	YORKVILLE	8,661,064	8,661,064	0	8,661,064
75.07	07507	MCAI	5,376,033	5,376,033	0	5,376,033
76.00	03020	DIABETIC CENTER	466,883	466,883	0	466,883
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	4,284,793	4,284,793	0	4,284,793
90.01	09001	WOUND CARE CENTER	1,244,747	1,244,747	0	1,244,747
90.02	04950	ENDOCRINOLOGY	1,345,333	1,345,333	0	1,345,333
91.00	09100	EMERGENCY	16,844,287	16,844,287	54,200	16,898,487
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,004,984	11,004,984	0	11,004,984
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	293,489,780	293,489,780	358,510	293,848,290
201.00		Less Observation Beds	11,004,984	11,004,984	0	11,004,984
202.00		Total (see instructions)	282,484,796	282,484,796	358,510	282,843,306

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 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	95,603,162		95,603,162			30.00
31.00	03100	INTENSIVE CARE UNIT	14,829,736		14,829,736			31.00
31.01	03101	NICU	17,138,742		17,138,742			31.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	10,645,385		10,645,385			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,150,647	82,029,540	153,180,187	0.122226	0.000000	50.00
50.01	05001	SAME DAY SURGERY	3,182,535	17,464,432	20,646,967	0.223734	0.000000	50.01
50.02	05002	G. I. LAB	1,785,203	13,147,594	14,932,797	0.344171	0.000000	50.02
51.00	05100	RECOVERY ROOM	6,486,423	12,758,815	19,245,238	0.100610	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,767,634	322,713	32,090,347	0.374063	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,005,509	18,235,978	31,241,487	0.037539	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,932,952	143,651,080	194,584,032	0.066827	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	686,936	25,970,291	26,657,227	0.372638	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	6,397,808	16,568,250	22,966,058	0.076167	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	71,153,639	71,776,826	142,930,465	0.102190	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	25,006,955	3,065,360	28,072,315	0.165619	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY	13,712,798	29,950,396	43,663,194	0.074095	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,781,414	30,389,566	46,170,980	0.367515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,148,202	14,100,148	34,248,350	0.383460	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,152,092	136,920,745	224,072,837	0.135141	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,760,681	1,037,937	6,798,618	0.218889	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	CARDIAC REHAB	3,886	2,682,924	2,686,810	1.126764	0.000000	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	0.000000	75.02
75.03	07503	REHAB SERVICES	23,642,139	19,642,852	43,284,991	0.182342	0.000000	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	0.000000	75.04
75.05	07505	VASCULAR SERVICES	19,007,656	24,933,731	43,941,387	0.138655	0.000000	75.05
75.06	07506	YORKVILLE	3,255,034	54,287,330	57,542,364	0.150516	0.000000	75.06
75.07	07507	MCAI	1,613	24,558,134	24,559,747	0.218896	0.000000	75.07
76.00	03020	DIABETIC CENTER	0	339,301	339,301	1.376014	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	594,502	16,417,013	17,011,515	0.251876	0.000000	90.00
90.01	09001	WOUND CARE CENTER	42,965	6,698,747	6,741,712	0.184634	0.000000	90.01
90.02	04950	ENDOCRINOLOGY	864	1,459,106	1,459,970	0.921480	0.000000	90.02
91.00	09100	EMERGENCY	27,926,106	107,394,985	135,321,091	0.124476	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	959,900	15,718,310	16,678,210	0.659842	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	637,763,118	891,522,104	1,529,285,222			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	637,763,118	891,522,104	1,529,285,222			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122484		50.00
50.01	05001	SAME DAY SURGERY	0.223734		50.01
50.02	05002	G. I. LAB	0.344171		50.02
51.00	05100	RECOVERY ROOM	0.100610		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.374575		52.00
53.00	05300	ANESTHESIOLOGY	0.039634		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.066827		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.372638		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.076167		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.102190		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.165937		65.00
69.00	06900	ELECTROCARDIOLOGY	0.074095		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.367515		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.383460		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135141		73.00
74.00	07400	RENAL DIALYSIS	0.218889		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	1.156869		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.182342		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.138655		75.05
75.06	07506	YORKVILLE	0.150516		75.06
75.07	07507	MCAI	0.218896		75.07
76.00	03020	DIABETIC CENTER	1.376014		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.251876		90.00
90.01	09001	WOUND CARE CENTER	0.184634		90.01
90.02	04950	ENDOCRINOLOGY	0.921480		90.02
91.00	09100	EMERGENCY	0.124877		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.659842		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,689,982		53,689,982	25,065	53,715,047	30.00
31.00	03100	INTENSIVE CARE UNIT	7,535,646		7,535,646	0	7,535,646	31.00
31.01	03101	NICU	9,441,262		9,441,262	68,035	9,509,297	31.01
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,939,692		3,939,692	0	3,939,692	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,722,655		18,722,655	39,493	18,762,148	50.00
50.01	05001	SAME DAY SURGERY	4,619,420		4,619,420	0	4,619,420	50.01
50.02	05002	G. I. LAB	5,139,439		5,139,439	0	5,139,439	50.02
51.00	05100	RECOVERY ROOM	1,936,258		1,936,258	0	1,936,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,003,823		12,003,823	16,433	12,020,256	52.00
53.00	05300	ANESTHESIOLOGY	1,172,788		1,172,788	65,445	1,238,233	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,003,496		13,003,496	0	13,003,496	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,933,490		9,933,490	0	9,933,490	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	1,749,263		1,749,263	0	1,749,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	14,606,102		14,606,102	0	14,606,102	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,649,297	0	4,649,297	8,952	4,658,249	65.00
69.00	06900	ELECTROCARDIOLOGY	3,235,226		3,235,226	0	3,235,226	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,968,536		16,968,536	0	16,968,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,132,865		13,132,865	0	13,132,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,281,513		30,281,513	0	30,281,513	73.00
74.00	07400	RENAL DIALYSIS	1,488,146		1,488,146	0	1,488,146	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC REHAB	3,027,400		3,027,400	80,887	3,108,287	75.01
75.02	07502	HEART SURGERY	0		0	0	0	75.02
75.03	07503	REHAB SERVICES	7,892,652		7,892,652	0	7,892,652	75.03
75.04	07504	CV SURGERY	0		0	0	0	75.04
75.05	07505	VASCULAR SERVICES	6,092,705		6,092,705	0	6,092,705	75.05
75.06	07506	YORKVILLE	8,661,064		8,661,064	0	8,661,064	75.06
75.07	07507	MCAI	5,376,033		5,376,033	0	5,376,033	75.07
76.00	03020	DIABETIC CENTER	466,883		466,883	0	466,883	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	4,284,793		4,284,793	0	4,284,793	90.00
90.01	09001	WOUND CARE CENTER	1,244,747		1,244,747	0	1,244,747	90.01
90.02	04950	ENDOCRINOLOGY	1,345,333		1,345,333	0	1,345,333	90.02
91.00	09100	EMERGENCY	16,844,287		16,844,287	54,200	16,898,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,004,984		11,004,984	0	11,004,984	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	293,489,780	0	293,489,780	358,510	293,848,290	200.00
201.00		Less Observation Beds	11,004,984		11,004,984	0	11,004,984	201.00
202.00		Total (see instructions)	282,484,796	0	282,484,796	358,510	282,843,306	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 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	95,603,162		95,603,162		30.00
31.00	03100	INTENSIVE CARE UNIT	14,829,736		14,829,736		31.00
31.01	03101	NICU	17,138,742		17,138,742		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	10,645,385		10,645,385		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,150,647	82,029,540	153,180,187	0.122226	50.00
50.01	05001	SAME DAY SURGERY	3,182,535	17,464,432	20,646,967	0.223734	50.01
50.02	05002	G. I. LAB	1,785,203	13,147,594	14,932,797	0.344171	50.02
51.00	05100	RECOVERY ROOM	6,486,423	12,758,815	19,245,238	0.100610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,767,634	322,713	32,090,347	0.374063	52.00
53.00	05300	ANESTHESIOLOGY	13,005,509	18,235,978	31,241,487	0.037539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,932,952	143,651,080	194,584,032	0.066827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	686,936	25,970,291	26,657,227	0.372638	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	6,397,808	16,568,250	22,966,058	0.076167	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	71,153,639	71,776,826	142,930,465	0.102190	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	25,006,955	3,065,360	28,072,315	0.165619	65.00
69.00	06900	ELECTROCARDIOLOGY	13,712,798	29,950,396	43,663,194	0.074095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,781,414	30,389,566	46,170,980	0.367515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,148,202	14,100,148	34,248,350	0.383460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,152,092	136,920,745	224,072,837	0.135141	73.00
74.00	07400	RENAL DIALYSIS	5,760,681	1,037,937	6,798,618	0.218889	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	3,886	2,682,924	2,686,810	1.126764	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	23,642,139	19,642,852	43,284,991	0.182342	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	19,007,656	24,933,731	43,941,387	0.138655	75.05
75.06	07506	YORKVILLE	3,255,034	54,287,330	57,542,364	0.150516	75.06
75.07	07507	MCAI	1,613	24,558,134	24,559,747	0.218896	75.07
76.00	03020	DIABETIC CENTER	0	339,301	339,301	1.376014	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	594,502	16,417,013	17,011,515	0.251876	90.00
90.01	09001	WOUND CARE CENTER	42,965	6,698,747	6,741,712	0.184634	90.01
90.02	04950	ENDOCRINOLOGY	864	1,459,106	1,459,970	0.921480	90.02
91.00	09100	EMERGENCY	27,926,106	107,394,985	135,321,091	0.124476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	959,900	15,718,310	16,678,210	0.659842	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	637,763,118	891,522,104	1,529,285,222		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	637,763,118	891,522,104	1,529,285,222		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/27/2021 3:48 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
31.01	03101	NICU				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
50.02	05002	G. I. LAB	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	CARDIAC REHAB	0.000000			75.01
75.02	07502	HEART SURGERY	0.000000			75.02
75.03	07503	REHAB SERVICES	0.000000			75.03
75.04	07504	CV SURGERY	0.000000			75.04
75.05	07505	VASCULAR SERVICES	0.000000			75.05
75.06	07506	YORKVILLE	0.000000			75.06
75.07	07507	MCAI	0.000000			75.07
76.00	03020	DIABETIC CENTER	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE CENTER	0.000000			90.01
90.02	04950	ENDOCRINOLOGY	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/27/2021 3:48 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	2,142,653	0	2,142,653	43,021	49.80	30.00
31.00	INTENSIVE CARE UNIT	499,543		499,543	5,289	94.45	31.00
31.01	NICU	644,122		644,122	4,224	152.49	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	123,998	0	123,998	4,647	26.68	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	4,681	0.00	43.00
200.00	Total (lines 30 through 199)	3,410,316		3,410,316	61,862		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	13,414	668,017				
31.00	INTENSIVE CARE UNIT	1,269	119,857				
31.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,755	73,503				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,438	861,377				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
1/27/2021 3:48 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	676,798	153,180,187	0.004418	27,962,285	123,537	50.00
50.01	05001	SAME DAY SURGERY	288,234	20,646,967	0.013960	863,587	12,056	50.01
50.02	05002	G. I. LAB	55,029	14,932,797	0.003685	813,952	2,999	50.02
51.00	05100	RECOVERY ROOM	58,095	19,245,238	0.003019	2,551,579	7,703	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	251,464	32,090,347	0.007836	117,728	923	52.00
53.00	05300	ANESTHESIOLOGY	20,073	31,241,487	0.000643	3,845,670	2,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,869	194,584,032	0.002893	21,425,421	61,984	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	918,919	26,657,227	0.034472	154,586	5,329	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	154,756	22,966,058	0.006738	2,490,224	16,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	240,419	142,930,465	0.001682	25,249,389	42,469	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	59,736	28,072,315	0.002128	8,900,137	18,939	65.00
69.00	06900	ELECTROCARDIOLOGY	111,008	43,663,194	0.002542	6,140,904	15,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,419	46,170,980	0.001915	5,590,466	10,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,900	34,248,350	0.001807	9,414,155	17,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,326	224,072,837	0.000854	28,918,653	24,697	73.00
74.00	07400	RENAL DIALYSIS	7,015	6,798,618	0.001032	2,773,980	2,863	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	76,165	2,686,810	0.028348	2,328	66	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	107,341	43,284,991	0.002480	5,643,360	13,996	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	76,810	43,941,387	0.001748	7,773,639	13,588	75.05
75.06	07506	YORKVILLE	41,461	57,542,364	0.000721	1,502,794	1,084	75.06
75.07	07507	MCAI	29,715	24,559,747	0.001210	1,589	2	75.07
76.00	03020	DIABETIC CENTER	2,664	339,301	0.007851	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,913	17,011,515	0.001582	159,298	252	90.00
90.01	09001	WOUND CARE CENTER	6,462	6,741,712	0.000959	25,329	24	90.01
90.02	04950	ENDOCRINOLOGY	6,340	1,459,970	0.004343	586	3	90.02
91.00	09100	EMERGENCY	516,387	135,321,091	0.003816	12,369,065	47,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	438,978	16,678,210	0.026320	158,080	4,161	92.00
200.00	Total (lines 50 through 199)		5,075,296	1,391,068,197		174,848,784	446,454	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0029		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/27/2021 3:48 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost				
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost					
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
31.01	03101	NICU	0	0	0	0	0	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	43,021	0.00	13,414	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	5,289	0.00	1,269	31.00			
31.01	03101	NICU	0	0	4,224	0.00	0	31.01			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,647	0.00	2,755	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00			
43.00	04300	NURSERY	0	0	4,681	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	61,862		17,438	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	03101	NICU	0								31.01
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	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: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/27/2021 3:48 pm

			Title XVIII		Hospital	PPS	
	Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	153,180,187	0.000000	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	20,646,967	0.000000	50.01
50.02	05002 G. I. LAB	0	0	0	14,932,797	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	19,245,238	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	32,090,347	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	31,241,487	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	194,584,032	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	26,657,227	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0	22,966,058	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	142,930,465	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	28,072,315	0.000000	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	43,663,194	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,170,980	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,248,350	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	224,072,837	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	6,798,618	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501 CARDIAC REHAB	0	0	0	2,686,810	0.000000	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0.000000	75.02
75.03	07503 REHAB SERVICES	0	0	0	43,284,991	0.000000	75.03
75.04	07504 CV SURGERY	0	0	0	0	0.000000	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	43,941,387	0.000000	75.05
75.06	07506 YORKVILLE	0	0	0	57,542,364	0.000000	75.06
75.07	07507 MCAI	0	0	0	24,559,747	0.000000	75.07
76.00	03020 DIABETIC CENTER	0	0	0	339,301	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	17,011,515	0.000000	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	6,741,712	0.000000	90.01
90.02	04950 ENDOCRINOLOGY	0	0	0	1,459,970	0.000000	90.02
91.00	09100 EMERGENCY	0	0	0	135,321,091	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,678,210	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	1,391,068,197		200.00

Health Financial Systems		COPLEY MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0029			Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 1/27/2021 3:48 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	27,962,285	0	11,836,060	0	50.00
50.01	05001 SAME DAY SURGERY	0.000000	863,587	0	2,868,022	0	50.01
50.02	05002 G. I. LAB	0.000000	813,952	0	2,764,199	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	2,551,579	0	1,548,725	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	117,728	0	3,030	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,845,670	0	3,096,807	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	21,425,421	0	26,408,823	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	154,586	0	9,488,213	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	2,490,224	0	4,164,569	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	25,249,389	0	12,003,668	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	8,900,137	0	644,446	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,140,904	0	8,251,297	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,590,466	0	6,336,202	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,414,155	0	3,174,372	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	28,918,653	0	39,854,260	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,773,980	0	728,653	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0.000000	2,328	0	1,095,071	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0.000000	5,643,360	0	67,467	0	75.03
75.04	07504 CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.000000	7,773,639	0	9,217,184	0	75.05
75.06	07506 YORKVILLE	0.000000	1,502,794	0	9,909,841	0	75.06
75.07	07507 MCAI	0.000000	1,589	0	2,532,468	0	75.07
76.00	03020 DIABETIC CENTER	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	159,298	0	1,517,570	0	90.00
90.01	09001 WOUND CARE CENTER	0.000000	25,329	0	3,303,161	0	90.01
90.02	04950 ENDOCRINOLOGY	0.000000	586	0	144,812	0	90.02
91.00	09100 EMERGENCY	0.000000	12,369,065	0	15,256,444	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	158,080	0	3,461,330	0	92.00
200.00	Total (lines 50 through 199)		174,848,784	0	179,676,694	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/27/2021 3:48 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	0.122226	11,836,060	0	0	1,446,674	50.00
50.01	05001	SAME DAY SURGERY	0.223734	2,868,022	0	0	641,674	50.01
50.02	05002	G. I. LAB	0.344171	2,764,199	0	0	951,357	50.02
51.00	05100	RECOVERY ROOM	0.100610	1,548,725	0	0	155,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.374063	3,030	0	0	1,133	52.00
53.00	05300	ANESTHESIOLOGY	0.037539	3,096,807	0	0	116,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.066827	26,408,823	0	0	1,764,822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.372638	9,488,213	0	0	3,535,669	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.076167	4,164,569	0	0	317,203	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.102190	12,003,668	0	0	1,226,655	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.165619	644,446	0	0	106,733	65.00
69.00	06900	ELECTROCARDIOLOGY	0.074095	8,251,297	0	0	611,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.367515	6,336,202	0	0	2,328,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.383460	3,174,372	0	0	1,217,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135141	39,854,260	0	112,606	5,385,945	73.00
74.00	07400	RENAL DIALYSIS	0.218889	728,653	0	0	159,494	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.126764	1,095,071	0	0	1,233,887	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.182342	67,467	0	0	12,302	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.138655	9,217,184	0	0	1,278,009	75.05
75.06	07506	YORKVILLE	0.150516	9,909,841	0	0	1,491,590	75.06
75.07	07507	MCAI	0.218896	2,532,468	0	0	554,347	75.07
76.00	03020	DIABETIC CENTER	1.376014	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.251876	1,517,570	0	0	382,239	90.00
90.01	09001	WOUND CARE CENTER	0.184634	3,303,161	0	0	609,876	90.01
90.02	04950	ENDOCRINOLOGY	0.921480	144,812	0	0	133,441	90.02
91.00	09100	EMERGENCY	0.124476	15,256,444	0	0	1,899,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.659842	3,461,330	0	0	2,283,931	92.00
200.00		Subtotal (see instructions)		179,676,694	0	112,606	29,845,384	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		179,676,694	0	112,606	29,845,384	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/27/2021 3:48 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
50.01	05001	SAME DAY SURGERY	0	0		50.01
50.02	05002	G. I. LAB	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
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	15,218		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	HEART SURGERY	0	0		75.02
75.03	07503	REHAB SERVICES	0	0		75.03
75.04	07504	CV SURGERY	0	0		75.04
75.05	07505	VASCULAR SERVICES	0	0		75.05
75.06	07506	YORKVILLE	0	0		75.06
75.07	07507	MCAI	0	0		75.07
76.00	03020	DIABETIC CENTER	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND CARE CENTER	0	0		90.01
90.02	04950	ENDOCRINOLOGY	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	15,218		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	15,218		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:
1/27/2021 3:48 pm

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	676,798	153,180,187	0.004418	69,671	308	50.00
50.01	05001	SAME DAY SURGERY	288,234	20,646,967	0.013960	4,419	62	50.01
50.02	05002	G. I. LAB	55,029	14,932,797	0.003685	0	0	50.02
51.00	05100	RECOVERY ROOM	58,095	19,245,238	0.003019	7,822	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	251,464	32,090,347	0.007836	8,777	69	52.00
53.00	05300	ANESTHESIOLOGY	20,073	31,241,487	0.000643	9,743	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562,869	194,584,032	0.002893	186,141	539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	918,919	26,657,227	0.034472	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	154,756	22,966,058	0.006738	30,645	206	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	240,419	142,930,465	0.001682	1,005,773	1,692	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	59,736	28,072,315	0.002128	307,544	654	65.00
69.00	06900	ELECTROCARDIOLOGY	111,008	43,663,194	0.002542	17,850	45	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	88,419	46,170,980	0.001915	79,470	152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,900	34,248,350	0.001807	47,852	86	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,326	224,072,837	0.000854	1,551,710	1,325	73.00
74.00	07400	RENAL DIALYSIS	7,015	6,798,618	0.001032	186,456	192	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	76,165	2,686,810	0.028348	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	107,341	43,284,991	0.002480	7,467,552	18,520	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	76,810	43,941,387	0.001748	5,071	9	75.05
75.06	07506	YORKVILLE	41,461	57,542,364	0.000721	0	0	75.06
75.07	07507	MCAI	29,715	24,559,747	0.001210	0	0	75.07
76.00	03020	DIABETIC CENTER	2,664	339,301	0.007851	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,913	17,011,515	0.001582	1,340	2	90.00
90.01	09001	WOUND CARE CENTER	6,462	6,741,712	0.000959	0	0	90.01
90.02	04950	ENDOCRINOLOGY	6,340	1,459,970	0.004343	0	0	90.02
91.00	09100	EMERGENCY	516,387	135,321,091	0.003816	26,202	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,678,210	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,636,318	1,391,068,197		11,014,038	23,991	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/27/2021 3:48 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
50.01	05001	SAME DAY SURGERY		0	0	0	0	0	50.01
50.02	05002	G. I. LAB		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB		0	0	0	0	0	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES		0	0	0	0	0	75.03
75.04	07504	CV SURGERY		0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	0	0	75.05
75.06	07506	YORKVILLE		0	0	0	0	0	75.06
75.07	07507	MCAI		0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER		0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER		0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/27/2021 3:48 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	153,180,187	0.000000	50.00
50.01	05001	SAME DAY SURGERY		0	0	0	20,646,967	0.000000	50.01
50.02	05002	G. I. LAB		0	0	0	14,932,797	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	19,245,238	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	32,090,347	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	31,241,487	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	194,584,032	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	26,657,227	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	22,966,058	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	142,930,465	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	28,072,315	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	43,663,194	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	46,170,980	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	34,248,350	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	224,072,837	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,798,618	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB		0	0	0	2,686,810	0.000000	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES		0	0	0	43,284,991	0.000000	75.03
75.04	07504	CV SURGERY		0	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	43,941,387	0.000000	75.05
75.06	07506	YORKVILLE		0	0	0	57,542,364	0.000000	75.06
75.07	07507	MCAI		0	0	0	24,559,747	0.000000	75.07
76.00	03020	DIABETIC CENTER		0	0	0	339,301	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	17,011,515	0.000000	90.00
90.01	09001	WOUND CARE CENTER		0	0	0	6,741,712	0.000000	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	1,459,970	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	135,321,091	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,678,210	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,391,068,197		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/27/2021 3:48 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		69,671	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.000000		4,419	0	0	0	50.01
50.02	05002	G. I. LAB	0.000000		0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000		7,822	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		8,777	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		9,743	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		186,141	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000		0	0	0	0	57.00
58.00	05800	MRI	0.000000		30,645	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		1,005,773	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		307,544	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		17,850	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		79,470	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		47,852	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		1,551,710	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		186,456	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.000000		0	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000		0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.000000		7,467,552	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000		0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.000000		5,071	0	0	0	75.05
75.06	07506	YORKVILLE	0.000000		0	0	0	0	75.06
75.07	07507	MCAI	0.000000		0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0.000000		0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		1,340	0	99	0	90.00
90.01	09001	WOUND CARE CENTER	0.000000		0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0.000000		0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000		26,202	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			11,014,038	0	99	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

1/27/2021 3:48 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	0.122226	0	0	0	0 50.00
50.01	05001 SAME DAY SURGERY	0.223734	0	0	0	0 50.01
50.02	05002 G. I. LAB	0.344171	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.100610	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.374063	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.037539	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.066827	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.372638	0	0	0	0 55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800 MRI	0.076167	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.102190	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.165619	0	0	0	0 65.00
69.00	06900 ELECTROCARDIOLOGY	0.074095	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.367515	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.383460	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135141	0	0	301	0 73.00
74.00	07400 RENAL DIALYSIS	0.218889	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501 CARDIAC REHAB	1.126764	0	0	0	0 75.01
75.02	07502 HEART SURGERY	0.000000	0	0	0	0 75.02
75.03	07503 REHAB SERVICES	0.182342	0	0	0	0 75.03
75.04	07504 CV SURGERY	0.000000	0	0	0	0 75.04
75.05	07505 VASCULAR SERVICES	0.138655	0	0	0	0 75.05
75.06	07506 YORKVILLE	0.150516	0	0	0	0 75.06
75.07	07507 MCAI	0.218896	0	0	0	0 75.07
76.00	03020 DIABETIC CENTER	1.376014	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.251876	99	0	0	25 90.00
90.01	09001 WOUND CARE CENTER	0.184634	0	0	0	0 90.01
90.02	04950 ENDOCRINOLOGY	0.921480	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.124476	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.659842	0	0	0	0 92.00
200.00	Subtotal (see instructions)		99	0	301	25 200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	201.00
202.00	Only Charges					
202.00	Net Charges (line 200 - line 201)		99	0	301	25 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/27/2021 3:48 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
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	41	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	75.05
75.06	07506	YORKVILLE	0	0	75.06
75.07	07507	MCAI	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	41	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	41	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/27/2021 3:48 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)			43,021	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			43,021	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)			34,207	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)			13,414	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)			53,715,047	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)			53,715,047	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)			53,715,047	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)			1,248.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,748,452	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			16,748,452	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

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

Worksheet D-1

Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	7,535,646	5,289	1,424.78	1,269	1,808,046		43.00
43.01	NICU	9,509,297	4,224	2,251.25	0	0		43.01
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,752,893		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,309,391		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)					787,874		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					446,454		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,234,328		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,075,063		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					8,814		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,248.58		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,004,984		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

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

Worksheet D-1

Date/Time Prepared:
1/27/2021 3:48 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,142,653	53,715,047	0.039889	11,004,984	438,978	90.00
91.00 Nursing School cost	0	53,715,047	0.000000	11,004,984	0	91.00
92.00 Allied health cost	0	53,715,047	0.000000	11,004,984	0	92.00
93.00 All other Medical Education	0	53,715,047	0.000000	11,004,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/27/2021 3:48 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)		4,647	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,647	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)		4,647	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)		2,755	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,939,692	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,939,692	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,939,692	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)		847.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,335,661	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,335,661	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-T029		Date/Time Prepared: 1/27/2021 3:48 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,847,922	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,183,583	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)					73,503	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,991	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					97,494	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,086,089	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: 14-0029

Period:

Worksheet D-1

Component CCN: 14-T029

From 07/01/2019
To 06/30/2020Date/Time Prepared:
1/27/2021 3:48 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	123,998	3,939,692	0.031474	0	0	90.00
91.00	Nursing School cost	0	3,939,692	0.000000	0	0	91.00
92.00	Allied health cost	0	3,939,692	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,939,692	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/27/2021 3:48 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		34,804,032	30.00
31.00	03100	INTENSIVE CARE UNIT		5,170,106	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122484	27,962,285	3,424,933 50.00
50.01	05001	SAME DAY SURGERY	0.223734	863,587	193,214 50.01
50.02	05002	G. I. LAB	0.344171	813,952	280,139 50.02
51.00	05100	RECOVERY ROOM	0.100610	2,551,579	256,714 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.374575	117,728	44,098 52.00
53.00	05300	ANESTHESIOLOGY	0.039634	3,845,670	152,419 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.066827	21,425,421	1,431,797 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.372638	154,586	57,605 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.076167	2,490,224	189,673 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.102190	25,249,389	2,580,235 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.165937	8,900,137	1,476,862 65.00
69.00	06900	ELECTROCARDIOLOGY	0.074095	6,140,904	455,010 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.367515	5,590,466	2,054,580 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.383460	9,414,155	3,609,952 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135141	28,918,653	3,908,096 73.00
74.00	07400	RENAL DIALYSIS	0.218889	2,773,980	607,194 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	1.156869	2,328	2,693 75.01
75.02	07502	HEART SURGERY	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	0.182342	5,643,360	1,029,022 75.03
75.04	07504	CV SURGERY	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.138655	7,773,639	1,077,854 75.05
75.06	07506	YORKVILLE	0.150516	1,502,794	226,195 75.06
75.07	07507	MCAI	0.218896	1,589	348 75.07
76.00	03020	DIABETIC CENTER	1.376014	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.251876	159,298	40,123 90.00
90.01	09001	WOUND CARE CENTER	0.184634	25,329	4,677 90.01
90.02	04950	ENDOCRINOLOGY	0.921480	586	540 90.02
91.00	09100	EMERGENCY	0.124877	12,369,065	1,544,612 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.659842	158,080	104,308 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		174,848,784	24,752,893 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		174,848,784	24,752,893 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
		Component CCN: 14-T029		Date/Time Prepared: 1/27/2021 3:48 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
31.01	03101 NICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,347,839		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.122484	69,671	8,534	50.00
50.01	05001 SAME DAY SURGERY	0.223734	4,419	989	50.01
50.02	05002 G. I. LAB	0.344171	0	0	50.02
51.00	05100 RECOVERY ROOM	0.100610	7,822	787	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.374575	8,777	3,288	52.00
53.00	05300 ANESTHESIOLOGY	0.039634	9,743	386	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.066827	186,141	12,439	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.372638	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.076167	30,645	2,334	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.102190	1,005,773	102,780	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.165937	307,544	51,033	65.00
69.00	06900 ELECTROCARDIOLOGY	0.074095	17,850	1,323	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.367515	79,470	29,206	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.383460	47,852	18,349	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135141	1,551,710	209,700	73.00
74.00	07400 RENAL DIALYSIS	0.218889	186,456	40,813	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	1.156869	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.182342	7,467,552	1,361,648	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.138655	5,071	703	75.05
75.06	07506 YORKVILLE	0.150516	0	0	75.06
75.07	07507 MCAI	0.218896	0	0	75.07
76.00	03020 DIABETIC CENTER	1.376014	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.251876	1,340	338	90.00
90.01	09001 WOUND CARE CENTER	0.184634	0	0	90.01
90.02	04950 ENDOCRINOLOGY	0.921480	0	0	90.02
91.00	09100 EMERGENCY	0.124877	26,202	3,272	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.659842	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,014,038	1,847,922	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		11,014,038		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/27/2021 3:48 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)		8,346,097	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,757,263	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)		53,705	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		153,781	2.04
3.00	Managed Care Simulated Payments		10,871,910	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.92	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)		12.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.27	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.84	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.73	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.53	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.66	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.069438	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.073565	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.069438	21.00
22.00	IME payment adjustment (see instructions)		1,268,952	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		404,533	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.11	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)		1,268,952	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		404,533	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.30	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.22	31.00
32.00	Sum of lines 30 and 31		28.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.74	33.00
34.00	Disproportionate share adjustment (see instructions)		1,086,192	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/27/2021 3:48 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	35.00
35.01	Factor 3 (see instructions)		0.000363952	0.000301367	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,010,929	2,516,594	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		758,920	1,884,008	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,642,928		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,308,918		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			39,713,451	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,949,476	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).			319,134	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			809	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,982,870	59.00
60.00	Primary payer payments			5,180	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,977,690	61.00
62.00	Deductibles billed to program beneficiaries			3,456,904	62.00
63.00	Coinsurance billed to program beneficiaries			37,279	63.00
64.00	Allowable bad debts (see instructions)			832,781	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			541,308	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			386,425	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,024,815	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)			18,247	70.93
70.94	HRR adjustment amount (see instructions)			-87,837	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/27/2021 3:48 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,955,225	71.00
71.01	Sequestration adjustment (see instructions)		667,252	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		39,229,264	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)		58,709	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		2,022,931	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2021 3:48 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
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,346,097	0	8,346,097		8,346,097
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,757,263	0		25,757,263	25,757,263
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	53,705	0	53,705		53,705
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	153,781	0		153,781	153,781
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	10,871,910	0	2,313,817	8,558,093	10,871,910
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.069438	0.069438	0.069438	0.069438	
6.00	IME payment adjustment (see instructions)	22.00	1,268,952	0	310,550	958,402	1,268,952
6.01	IME payment adjustment for managed care (see instructions)	22.01	404,533	0	86,095	318,438	404,533
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	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,268,952	0	310,550	958,402	1,268,952
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	404,533	0	86,095	318,438	404,533
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1274	0.1274	0.1274	0.1274	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,086,192	0	265,823	820,369	1,086,192
11.01	Uncompensated care payments	36.00	2,642,928	0	578,984	2,252,009	2,830,993
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	39,308,918	0	9,555,159	29,753,759	39,308,918
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,713,451	0	9,641,254	30,072,197	39,713,451
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,949,476	0	737,538	2,211,938	2,949,476

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/27/2021 3:48 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Period	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	809	0	0	809	809	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	10,378,792	32,284,944	42,663,736	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	2,714,727	0	678,945	2,035,782	2,714,727	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	468	0	0	468	468	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	0.0268	0.0268	0.0268	0.0268		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,755	0	18,196	54,559	72,755	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0595	0.0595	0.0595	0.0595		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	161,526	0	40,397	121,129	161,526	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,949,476	0	737,538	2,211,938	2,949,476	26.00
		W/S E, Part A	(Amounts to E,					
		line	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/27/2021 3:48 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	8,346,097	8,346,097		8,346,097	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,757,263		25,757,263	25,757,263	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	53,705	53,705		53,705	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	153,781		153,781	153,781	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,871,910	2,313,817	8,558,093	10,871,910	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.069438	0.069438	0.069438		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,268,952	310,550	958,402	1,268,952	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	404,533	86,095	318,438	404,533	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	1,268,952	310,550	958,402	1,268,952	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	404,533	86,095	318,438	404,533	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1274	0.1274	0.1274		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,086,192	265,823	820,369	1,086,192	11.00
11.01	Uncompensated care payments	36.00	2,642,928	578,984	2,252,009	2,830,993	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	39,308,918	9,555,159	29,753,759	39,308,918	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	39,713,451	9,641,254	30,072,197	39,713,451	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,949,476	737,538	2,211,938	2,949,476	16.00
17.00	Special add-on payments for new technologies	54.00	809	0	809	809	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			10,378,792	32,284,944	42,663,736	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/27/2021 3:48 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	2,714,727	678,945	2,035,782	2,714,727	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	468	0	468	468	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	0.0268	0.0268	0.0268		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	72,755	18,196	54,559	72,755	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0595	0.0595	0.0595		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	161,526	40,397	121,129	161,526	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,949,476	737,538	2,211,938	2,949,476	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	18,247	22,790	-4,543	18,247	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	-87,837	-20,865	-66,972	-87,837	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/27/2021 3:48 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,218	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,845,384	2.00
3.00	OPPS payments		23,125,441	3.00
4.00	Outlier payment (see instructions)		56,642	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,218	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,606	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)		112,606	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)		112,606	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		97,388	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)		15,218	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)		23,182,083	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)		4,340,769	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)		18,856,532	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		200,644	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)		19,057,176	30.00
31.00	Primary payer payments		4,436	31.00
32.00	Subtotal (line 30 minus line 31)		19,052,740	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)		569,399	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		370,109	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		452,033	36.00
37.00	Subtotal (see instructions)		19,422,849	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-31	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)		19,422,880	40.00
40.01	Sequestration adjustment (see instructions)		324,362	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		18,959,897	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)		138,621	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		425,128	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: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/27/2021 3:48 pm
		Component CCN: 14-T029		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25	2.00
3.00	OPPS payments		39	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		301	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)		301	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		260	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)		41	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)		39	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		80	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)		80	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		80	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)		80	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)		80	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		74	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		5	43.00
43.01	Balance due provider/program-PARHM (see instructions)		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: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/27/2021 3:48 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		39,229,264		18,959,897	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,229,264		18,959,897	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		58,709		138,621	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,287,973		19,098,518	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: 14-0029 Component CCN: 14-T029		Period: From 07/01/2019 To 06/30/2020		Worksheet E-1 Part I Date/Time Prepared: 1/27/2021 3:48 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						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		5,422,371			74	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,422,371			74	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		5,968			5	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		5,428,339			79	7.00
				Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00		2.00	
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
1/27/2021 3:48 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: 14-0029 Component CCN: 14-T029	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 1/27/2021 3:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,956,935 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0227 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			110,540 3.00
4.00	Outlier Payments			11,785 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)			1.00 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)			1.00 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)			1.00 9.00
10.00	Average Daily Census (see instructions)			12.696721 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.080094 11.00
12.00	Teaching Adjustment (see instructions)			397,021 12.00
13.00	Total PPS Payment (see instructions)			5,476,281 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)			5,476,281 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,476,281 19.00
20.00	Deductibles			33,176 20.00
21.00	Subtotal (line 19 minus line 20)			5,443,105 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			5,443,105 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			119,118 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			77,427 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,520,532 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,520,532 32.00
32.01	Sequestration adjustment (see instructions)			92,193 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,422,371 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)			5,968 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			11,785 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: 14-0029		Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/27/2021 3:48 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.					12.00 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.27 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					11.73 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					12.84 6.00
7.00	Enter the lesser of line 5 or line 6					11.73 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.	11.84	1.00	12.84		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.	10.82	0.91	11.73		9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00			10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00			10.01
11.00	Total weighted FTE count	10.82	0.91			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.81	0.92			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.79	0.94			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.81	0.92			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	10.81	0.92			17.00
18.00	Per resident amount	100,619.53	100,619.53			18.00
19.00	Approved amount for resident costs	1,087,697	92,570	1,180,267		19.00
				1.00		
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.11		21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00
24.00	Multiply line 22 time line 23			0		24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,180,267		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)	17,438	5,058	0	26.00	
27.00	Total Inpatient Days (see instructions)	50,278	50,278	50,278	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.346832	0.100601	0.000000	28.00	
29.00	Program direct GME amount	409,354	118,736	0	528,090	29.00
29.01	Percent reduction for MA DGME		7.00	7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		8,312	0	8,312	30.00
31.00	Net Program direct GME amount				519,778	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/27/2021 3:48 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)			6,798,618	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)			47,492,974	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)			5,180	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			47,487,794	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			29,860,668	42.00
43.00	Primary payer payments (see instructions)			4,436	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			29,856,232	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			77,344,026	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.613981	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.386019	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			519,778	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			319,134	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			200,644	50.00

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

Provider CCN: 14-0029

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

Worksheet G

Date/Time Prepared:
1/27/2021 3:48 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	24,651,594	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	156,003,632	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-108,461,892	0	0	0	6.00
7.00	Inventory	6,504,979	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	179,662,096	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)	258,360,409	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,441,298	0	0	0	12.00
13.00	Land improvements	17,250,377	0	0	0	13.00
14.00	Accumulated depreciation	-13,813,672	0	0	0	14.00
15.00	Buildings	139,257,724	0	0	0	15.00
16.00	Accumulated depreciation	-124,131,416	0	0	0	16.00
17.00	Leasehold improvements	3,743,627	0	0	0	17.00
18.00	Accumulated depreciation	-3,302,174	0	0	0	18.00
19.00	Fixed equipment	124,156,322	0	0	0	19.00
20.00	Accumulated depreciation	-129,854,817	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	209,582,803	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)	225,330,072	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	278,753,087	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	5,865,460	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	284,618,547	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	768,309,028	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	30,680,320	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	94,072,887	0	0	0	43.00
44.00	Other current liabilities	23,572,168	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	148,325,375	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	133,390,823	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	77,633,743	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	211,024,566	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	359,349,941	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	408,959,087				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	408,959,087	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	768,309,028	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0029

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

Worksheet G-1

Date/Time Prepared:
1/27/2021 3:48 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		396,127,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,451,799				2.00
3.00	Total (sum of line 1 and line 2)		402,578,799		0		3.00
4.00	ELIMINATIONS OTHER ENTITIES	6,343,000		0		0	4.00
5.00	PRIOR PERIOD ADJUSTMENT	37,288		0		0	5.00
6.00	ENDOWMENT CONTRIBUTIONS	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)		6,380,288		0		10.00
11.00	Subtotal (line 3 plus line 10)		408,959,087		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		408,959,087		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	ELIMINATIONS OTHER ENTITIES		0				4.00
5.00	PRIOR PERIOD ADJUSTMENT		0				5.00
6.00	ENDOWMENT CONTRIBUTIONS		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2021 3:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,603,162		95,603,162	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	10,645,385		10,645,385	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	106,248,547		106,248,547	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,829,736		14,829,736	11.00
11.01	NICU	17,138,742		17,138,742	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,968,478		31,968,478	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	138,217,025		138,217,025	17.00
18.00	Ancillary services	499,546,093	785,125,721	1,284,671,814	18.00
19.00	Outpatient services	0	107,394,985	107,394,985	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	76,630	65,355	141,985	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	637,839,748	892,586,061	1,530,425,809	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		358,364,649		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	BAD DEBTS	35,162,000			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)		35,162,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		323,202,649		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0029

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

Worksheet G-3

Date/Time Prepared:
1/27/2021 3:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,530,425,809	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,243,439,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	286,986,171	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	323,202,649	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-36,216,478	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,051,669	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	20,555	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	4,727	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	428,427	20.00
21.00	Rental of vending machines	14,790	21.00
22.00	Rental of hospital space	1,132,222	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRA REV	-211,682	24.00
24.01	340B REVENUE	2,050,541	24.01
24.02	OTHER OP MISC REVENUE	-30,619	24.02
24.03	GARNISHMENT FEE REVENUE	1,601	24.03
24.04	OUTSIDE SVC REVENUE	7,271,937	24.04
24.05	MCD ASSESSMENT & EXPANSION REVENUE	30,893,758	24.05
24.06	GAIN/LOSS ON INVESTMENTS	6,823	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	RENT REVENUE	51,036	24.08
24.09	ROUNDING	2,492	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	45,688,277	25.00
26.00	Total (line 5 plus line 25)	9,471,799	26.00
27.00	CHANGE IN FAIR MARKET VALUE OF INTER	3,020,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,020,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,451,799	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0029	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/27/2021 3:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,714,727	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		468	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)		124.67	3.00
4.00	Number of interns & residents (see instructions)		11.66	4.00
5.00	Indirect medical education percentage (see instructions)		2.68	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)		72,755	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.30	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.22	8.00
9.00	Sum of lines 7 and 8		28.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.95	10.00
11.00	Disproportionate share adjustment (see instructions)		161,526	11.00
12.00	Total prospective capital payments (see instructions)		2,949,476	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