

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: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet S Parts I-III Date/Time Prepared: 9/24/2020 11:16 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 9/24/2020	Time: 11:16 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR (14-0049) for the cost reporting period beginning 05/01/2019 and ending 04/30/2020 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	707,277	266,395	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	1	0		0	7.00
200.00	Total	0	707,278	266,395	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: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet S-2 Part I Date/Time Prepared: 9/24/2020 11:16 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3 ERIE COURT			PO Box:				1.00		
2.00	City: OAK PARK			State: IL		Zip Code: 60302		County: COOK		
		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		WEST SUBURBAN HOSP MED CTR	140049	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		WEST SUBURBAN SNF	145743	16974		12/28/1992	N	P	N
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2019	04/30/2020		20.00
21.00	Type of Control (see instructions)						4			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,848	241	7	26	8,912	390	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-2
Part I
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	Y	Y
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		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-2
Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						

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Provider CCN: 14-0049

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	26.00	0.000000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	24.00	0.000000	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.00	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.01
67.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.02
			1.00	2.00	3.00		
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N			75.00	

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet S-2 Part I Date/Time Prepared: 9/24/2020 11:16 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	659,488		0		0118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.00	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet S-2 Part I Date/Time Prepared: 9/24/2020 11:16 am	
		1.00		2.00			
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	
		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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet S-2 Part I Date/Time Prepared: 9/24/2020 11:16 am
			Beginning 1.00	Ending 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	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet S-2 Part II Date/Time Prepared: 9/24/2020 11:16 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	C	12/31/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 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)	Y	09/10/2020	Y
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)	N		N
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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-2
Part II
Date/Time Prepared:
9/24/2020 11:16 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	TAD	ERICKSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	602-799-2223	TAD@TRERCI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-2
Part II
Date/Time Prepared:
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		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.	PRESIDENT	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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	114	41,724	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)		114	41,724	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,686	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		135	49,410	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	39	14,274		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		174			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,402	914	19,590			1.00
2.00	HMO and other (see instructions)	4,090	9,335				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,402	914	19,590			7.00
8.00	INTENSIVE CARE UNIT	1,013	140	3,206			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		820	3,540			13.00
14.00	Total (see instructions)	6,415	1,874	26,336	55.10	3,126.92	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	4,962	0	7,779	0.00	105.64	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				55.10	3,232.56	27.00
28.00	Observation Bed Days		85	1,501			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	215	1,067			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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,287	401	6,302	1.00
2.00 HMO and other (see instructions)			812	2,226		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,287	401	6,302	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part II
Date/Time Prepared:
9/24/2020 11:16 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	61,287,892	0	61,287,892	1,693,867.46	36.18
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,813,280	3,813,280	138,752.00	27.48
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	1,987,397	0	1,987,397	55,352.83	35.90
10.00	Excluded area salaries (see instructions)		597,248	0	597,248	17,987.64	33.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,325,677	0	1,325,677	23,331.08	56.82
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		0	0	0	0.00	0.00
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)		9,745,371	0	9,745,371		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		425,154	0	425,154		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part II
Date/Time Prepared:
9/24/2020 11:16 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	934,979	0	934,979	16,217.99	57.65	26.00
27.00	Administrative & General	5.00	6,909,792	0	6,909,792	183,352.35	37.69	27.00
28.00	Administrative & General under contract (see inst.)		442,074	0	442,074	4,478.52	98.71	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,589,748	0	1,589,748	61,197.67	25.98	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,331,205	0	1,331,205	77,001.09	17.29	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,081,008	0	1,081,008	59,391.68	18.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	865,916	0	865,916	15,060.97	57.49	38.00
39.00	Central Services and Supply	14.00	207,749	0	207,749	11,037.95	18.82	39.00
40.00	Pharmacy	15.00	1,571,984	0	1,571,984	35,623.67	44.13	40.00
41.00	Medical Records & Medical Records Library	16.00	1,188,191	0	1,188,191	45,197.03	26.29	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part III
Date/Time Prepared:
9/24/2020 11:16 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	61,729,966	-3,813,280	57,916,686	1,559,593.98	37.14	1.00
2.00	Excluded area salaries (see instructions)	2,584,645	0	2,584,645	73,340.47	35.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)	59,145,321	-3,813,280	55,332,041	1,486,253.51	37.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,325,677	0	1,325,677	23,331.08	56.82	4.00
5.00	Subtotal wage-related costs (see inst.)	9,745,371	0	9,745,371	0.00	17.61	5.00
6.00	Total (sum of lines 3 thru 5)	70,216,369	-3,813,280	66,403,089	1,509,584.59	43.99	6.00
7.00	Total overhead cost (see instructions)	16,122,646	0	16,122,646	508,558.92	31.70	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 9/24/2020 11:16 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		608,577	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		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,381,491	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		896,475	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		3,656,447	17.00
18.00	Medicare Taxes - Employers Portion Only		898,738	18.00
19.00	Unemployment Insurance		602,058	19.00
20.00	State or Federal Unemployment Taxes		54,848	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		71,891	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,170,525	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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet S-3
Part V
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,325,677	10,170,525	1.00
2.00	Hospital	1,325,677	10,170,525	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet S-10

Date/Time Prepared:
9/24/2020 11:16 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.156607	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		29,415,059	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		-4,349,176	5.00
6.00	Medicaid charges		318,813,574	6.00
7.00	Medicaid cost (line 1 times line 6)		49,928,437	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)		24,862,554	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)		24,862,554	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	39,285,715	796,557	40,082,272
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,152,418	796,557	6,948,975
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	6,152,418	796,557	6,948,975
			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)		6,847,033	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,076,754	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,656,544	27.01
28.00	Non-Medicare bad debt expense (see instructions)		5,190,489	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,392,657	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,341,632	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		33,204,186	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	6,422,645	6,422,645	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR		0	0	1,745,417	1,745,417	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	612,743	612,743	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	934,979	7,940,888	8,875,867	-3,370	8,872,497	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,909,792	46,240,599	53,150,391	-8,297,603	44,852,788	5.00
7.00	00700	OPERATION OF PLANT	1,589,748	5,366,540	6,956,288	-7,979	6,948,309	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,030,338	1,030,338	7,475	1,037,813	8.00
9.00	00900	HOUSEKEEPING	1,331,205	1,279,574	2,610,779	-17,637	2,593,142	9.00
10.00	01000	DIETARY	1,081,008	1,096,166	2,177,174	-14,153	2,163,021	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	865,916	71,470	937,386	0	937,386	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	207,749	1,609,818	1,817,567	-329,481	1,488,086	14.00
15.00	01500	PHARMACY	1,571,984	3,146,464	4,718,448	-2,655,424	2,063,024	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,188,191	281,018	1,469,209	0	1,469,209	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,445,903	4,445,903	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,116,739	1,623,569	6,740,308	-4,445,903	2,294,405	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,414,983	2,800,108	12,215,091	-267,322	11,947,769	30.00
31.00	03100	INTENSIVE CARE UNIT	2,128,746	1,048,837	3,177,583	-152,116	3,025,467	31.00
43.00	04300	NURSERY	794,721	210,147	1,004,868	-26,627	978,241	43.00
44.00	04400	SKILLED NURSING FACILITY	1,987,397	341,844	2,329,241	-62,311	2,266,930	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,372,823	7,944,008	11,316,831	-5,355,095	5,961,736	50.00
51.00	05100	RECOVERY ROOM	726,052	113,291	839,343	-46,290	793,053	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,003,547	576,363	2,579,910	-209,138	2,370,772	52.00
53.00	05300	ANESTHESIOLOGY	105,552	2,751,769	2,857,321	-50,654	2,806,667	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,448,665	1,170,793	3,619,458	-298,760	3,320,698	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	733,717	581,829	1,315,546	-312,535	1,003,011	55.01
55.02	03630	ULTRA SOUND	877,638	23,357	900,995	-2,260	898,735	55.02
56.00	05600	RADIOISOTOPE	215,079	224,672	439,751	-166,273	273,478	56.00
57.00	05700	CT SCAN	790,868	269,792	1,060,660	-94,377	966,283	57.00
58.00	05800	MRI	276,666	45,218	321,884	-33,863	288,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	571,303	1,887,653	2,458,956	-1,053,910	1,405,046	59.00
60.00	06000	LABORATORY	2,025,378	2,295,944	4,321,322	-7,733	4,313,589	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	508,698	508,698	-8,670	500,028	63.00
65.00	06500	RESPIRATORY THERAPY	988,930	255,379	1,244,309	-116,880	1,127,429	65.00
66.00	06600	PHYSICAL THERAPY	1,991,440	173,433	2,164,873	-4,601	2,160,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	438,378	34,276	472,654	0	472,654	67.00
68.00	06800	SPEECH PATHOLOGY	177,040	14,101	191,141	-497	190,644	68.00
69.00	06900	ELECTROCARDIOLOGY	649,434	189,885	839,319	-5,065	834,254	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,440,205	4,440,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,326,103	3,326,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,338,054	7,338,054	73.00
74.00	07400	RENAL DIALYSIS	0	850,681	850,681	-8,144	842,537	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,694,067	441,249	2,135,316	-237,763	1,897,553	90.00
90.01	04950	DIABETOLOGY	95,378	3,874	99,252	-74	99,178	90.01
90.02	04951	CANCER CENTER	538,285	5,479,575	6,017,860	-3,318,375	2,699,485	90.02
90.03	09001	WOUND CARE	79,386	828,463	907,849	-83,849	824,000	90.03
91.00	09100	EMERGENCY	4,767,860	3,763,242	8,531,102	-238,978	8,292,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,690,644	104,514,925	165,205,569	404,835	165,610,404	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	07950	MARKETING	60,916	133,545	194,461	0	194,461	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	311,554	741,741	1,053,295	-404,835	648,460	194.02
194.03	07953	COMMUNITY RELATIONS	31,024	23,699	54,723	0	54,723	194.03
194.04	07954	PHYSICIAN CLINICS	93,740	6,620	100,360	0	100,360	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	100,014	19,926	119,940	0	119,940	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	61,287,892	105,440,456	166,728,348	0	166,728,348	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	6,422,645	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	1,745,417	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,114	611,629	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-22,231	8,850,266	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-419,155	44,433,633	5.00
7.00	00700	OPERATION OF PLANT	-24,396	6,923,913	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,037,813	8.00
9.00	00900	HOUSEKEEPING	-108,319	2,484,823	9.00
10.00	01000	DIETARY	-324,885	1,838,136	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	937,386	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-123,801	1,364,195	14.00
15.00	01500	PHARMACY	0	2,063,024	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,581	1,467,628	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,445,903	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,070,603	1,223,802	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,349,172	10,598,597	30.00
31.00	03100	INTENSIVE CARE UNIT	-65,302	2,960,165	31.00
43.00	04300	NURSERY	0	978,241	43.00
44.00	04400	SKILLED NURSING FACILITY	-45	2,266,885	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-14,087	5,947,649	50.00
51.00	05100	RECOVERY ROOM	0	793,053	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,370,772	52.00
53.00	05300	ANESTHESIOLOGY	-2,592,855	213,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-21,101	3,299,597	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	-415	1,002,596	55.01
55.02	03630	ULTRA SOUND	0	898,735	55.02
56.00	05600	RADIOISOTOPE	-21,014	252,464	56.00
57.00	05700	CT SCAN	-11,352	954,931	57.00
58.00	05800	MRI	0	288,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,405,046	59.00
60.00	06000	LABORATORY	0	4,313,589	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	500,028	63.00
65.00	06500	RESPIRATORY THERAPY	-8,808	1,118,621	65.00
66.00	06600	PHYSICAL THERAPY	-1,593	2,158,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	472,654	67.00
68.00	06800	SPEECH PATHOLOGY	0	190,644	68.00
69.00	06900	ELECTROCARDIOLOGY	-119,952	714,302	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,440,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,326,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,338,054	73.00
74.00	07400	RENAL DIALYSIS	0	842,537	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-34,731	1,862,822	90.00
90.01	04950	DIABETOLOGY	0	99,178	90.01
90.02	04951	CANCER CENTER	-1,872	2,697,613	90.02
90.03	09001	WOUND CARE	-8,250	815,750	90.03
91.00	09100	EMERGENCY	-2,178,238	6,113,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,524,962	157,085,442	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	194,461	194.00
194.01	07951	HOSPITALIST	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	648,460	194.02
194.03	07953	COMMUNITY RELATIONS	0	54,723	194.03
194.04	07954	PHYSICIAN CLINICS	0	100,360	194.04
194.05	07955	GUEST MEALS	0	0	194.05
194.06	07956	CATERING MEALS	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	119,940	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,524,962	158,203,386	200.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-6

Date/Time Prepared:
9/24/2020 11:16 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	53,570		1.00
	TOTALS		0	53,570		
	B - CAPITAL RENT EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,425,504		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	1,745,417		2.00
	RIVER FOR					
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	550,326		3.00
4.00	PHARMACY	15.00	0	33,751		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
	TOTALS		0	5,754,998		
	C - CAPITAL PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,923,547		1.00
	TOTALS		0	2,923,547		
	D - CAPITAL PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	73,594		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,847		2.00
	TOTALS		0	82,441		
	E - CHARGEABLE PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,338,054		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	TOTALS		0	7,338,054		
	F - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	7,475		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

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-6

Date/Time Prepared:
9/24/2020 11:16 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
15.00	0.00	0	0		15.00
TOTALS		0	7,475		
G - CHARGEABLE MEDICAL SUPPLY COSTS					
1.00	71.00	0	4,440,205		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
TOTALS		0	4,440,205		
H - CHARGEABLE IMPLANTS/DEVICES					
1.00	72.00	0	3,326,103		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
TOTALS		0	3,326,103		
I - INTERN & RESIDENT SALARIES & BENEFIT					
1.00	21.00	3,813,280	632,623		1.00
FRINGES APPRV					
TOTALS		3,813,280	632,623		
500.00	Grand Total: Increases	3,813,280	24,559,016		500.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-6

Date/Time Prepared:
9/24/2020 11:16 am

	Decreases					9/24/2020 11:16 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAPITAL DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	53,570	9	1.00	
	TOTALS		0	53,570			
	B - CAPITAL RENT EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,160,076	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	7,979	10	2.00	
3.00	DIETARY	10.00	0	1,574	10	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	314,892	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	14,656	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	8,752	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	18,098	0	7.00	
8.00	OPERATING ROOM	50.00	0	164,880	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	2,200	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	45,960	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	153	0	11.00	
12.00	CLINIC	90.00	0	15,128	0	12.00	
13.00	EMERGENCY	91.00	0	650	0	13.00	
	TOTALS		0	5,754,998			
	C - CAPITAL PROPERTY TAX						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,923,547	13	1.00	
	TOTALS		0	2,923,547			
	D - CAPITAL PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	82,441	12	1.00	
2.00		0.00	0	0	12	2.00	
	TOTALS		0	82,441			
	E - CHARGEABLE PHARMACEUTICALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,370	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,105	0	2.00	
3.00	HOUSEKEEPING	9.00	0	2	0	3.00	
4.00	DIETARY	10.00	0	12,579	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	665	0	5.00	
6.00	PHARMACY	15.00	0	2,683,821	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	77,829	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	40,226	0	8.00	
9.00	NURSERY	43.00	0	5,886	0	9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	2,816	0	10.00	
11.00	OPERATING ROOM	50.00	0	59,602	0	11.00	
12.00	RECOVERY ROOM	51.00	0	7,824	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,957	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	29,924	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,387	0	15.00	
16.00	GASTRO INTESTINAL SERVICES	55.01	0	19,640	0	16.00	
17.00	RADIOISOTOPE	56.00	0	166,189	0	17.00	
18.00	CT SCAN	57.00	0	50,839	0	18.00	
19.00	MRI	58.00	0	30,753	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	12,783	0	20.00	
21.00	LABORATORY	60.00	0	132	0	21.00	
22.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	5,775	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	1,941	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	92	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	418	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	4,561	0	26.00	
27.00	CLINIC	90.00	0	204,081	0	27.00	
28.00	CANCER CENTER	90.02	0	3,315,691	0	28.00	
29.00	WOUND CARE	90.03	0	18,503	0	29.00	
30.00	EMERGENCY	91.00	0	108,828	0	30.00	
31.00	RETAIL PHARMACY	194.02	0	404,835	0	31.00	
	TOTALS		0	7,338,054			
	F - LAUNDRY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	132	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	1,614	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	854	0	3.00	
4.00	NURSERY	43.00	0	289	0	4.00	
5.00	OPERATING ROOM	50.00	0	135	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	552	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42	0	7.00	
8.00	GASTRO INTESTINAL SERVICES	55.01	0	437	0	8.00	
9.00	MRI	58.00	0	387	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	22	0	10.00	
11.00	LABORATORY	60.00	0	1,496	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	39	0	12.00	
13.00	CLINIC	90.00	0	19	0	13.00	
14.00	WOUND CARE	90.03	0	6	0	14.00	

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-6

Date/Time Prepared:
9/24/2020 11:16 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
15.00	EMERGENCY	91.00	0	1,451	0	15.00
	TOTALS		0	7,475		
G - CHARGEABLE MEDICAL SUPPLY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	73,732	0	1.00
2.00	HOUSEKEEPING	9.00	0	17,635	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,924	0	3.00
4.00	PHARMACY	15.00	0	109	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	172,247	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	99,914	0	6.00
7.00	NURSERY	43.00	0	20,452	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	41,397	0	8.00
9.00	OPERATING ROOM	50.00	0	2,983,194	0	9.00
10.00	RECOVERY ROOM	51.00	0	38,466	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	154,629	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	18,530	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	159,206	0	13.00
14.00	GASTRO INTESTINAL SERVICES	55.01	0	265,023	0	14.00
15.00	ULTRA SOUND	55.02	0	2,260	0	15.00
16.00	RADIOISOTOPE	56.00	0	84	0	16.00
17.00	CT SCAN	57.00	0	32,043	0	17.00
18.00	MRI	58.00	0	2,723	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	145,633	0	19.00
20.00	LABORATORY	60.00	0	6,105	0	20.00
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	2,895	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	68,979	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	3,854	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	497	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	4,494	0	25.00
26.00	RENAL DIALYSIS	74.00	0	3,583	0	26.00
27.00	CLINIC	90.00	0	5,424	0	27.00
28.00	DIABETOLOGY	90.01	0	74	0	28.00
29.00	CANCER CENTER	90.02	0	2,684	0	29.00
30.00	WOUND CARE	90.03	0	7,685	0	30.00
31.00	EMERGENCY	91.00	0	92,730	0	31.00
	TOTALS		0	4,440,205		
H - CHARGEABLE IMPLANTS/DEVICES						
1.00	PHARMACY	15.00	0	5,245	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	976	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,370	0	3.00
4.00	OPERATING ROOM	50.00	0	2,147,284	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	129,125	0	5.00
6.00	GASTRO INTESTINAL SERVICES	55.01	0	27,435	0	6.00
7.00	CT SCAN	57.00	0	11,495	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	895,472	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	616	0	9.00
10.00	CLINIC	90.00	0	13,111	0	10.00
11.00	WOUND CARE	90.03	0	57,655	0	11.00
12.00	EMERGENCY	91.00	0	35,319	0	12.00
	TOTALS		0	3,326,103		
I - INTERN & RESIDENT SALARIES & BENEFIT						
1.00	I&R SERVICES-OTHER PRGM	22.00	3,813,280	632,623	0	1.00
	COSTS APPRV					
	TOTALS		3,813,280	632,623		
500.00	Grand Total: Decreases		3,813,280	24,559,016		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet A-7
Part I
Date/Time Prepared:
9/24/2020 11:16 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	1,647,671	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	6,695,101	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	8,342,772	0	0	0	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	8,342,772	0	0	0	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	1,647,671	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	6,695,101	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	8,342,772	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	8,342,772	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet A-7
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	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	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet A-7
Part III
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,647,671	0	1,647,671	0.197497	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	6,695,101	0	6,695,101	0.802503	0	2.00
3.00	Total (sum of lines 1-2)	8,342,772	0	8,342,772	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	0	3,425,504	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	1,745,417	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	52,456	550,326	2.00
3.00	Total (sum of lines 1-2)	0	0	0	52,456	5,721,247	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	73,594	2,923,547	0	6,422,645	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	1,745,417	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,847	0	0	611,629	2.00
3.00	Total (sum of lines 1-2)	0	82,441	2,923,547	0	8,779,691	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-8

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT RIVER FOR (chapter 2)			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-122,436	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,471,124			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	-321,779	DIETARY	10.00	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	-1,581	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			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT RIVER FOR			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-8

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	DIRECT PHONE COST	A	-61,959	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	PBX SALARY	A	-24,479	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	TELEVISION DEPRECIATION	A	-3,737	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	TELEVISION CABLE & SATELLITE	A	-1,114	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
33.04	TELEVISION CABLE & SATELLITE	A	-23,996	OPERATION OF PLANT	7.00	0	33.04
33.05	TELEVISION CABLE & SATELLITE	A	-1,455	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06	TELEVISION CABLE & SATELLITE	A	-45	SKILLED NURSING FACILITY	44.00	0	33.06
33.07	TELEVISION CABLE & SATELLITE	A	-5,780	OPERATING ROOM	50.00	0	33.07
33.08	TELEVISION CABLE & SATELLITE	A	-415	GASTRO INTESTINAL SERVICES	55.01	0	33.08
33.09	TELEVISION CABLE & SATELLITE	A	-390	ELECTROCARDIOLOGY	69.00	0	33.09
33.10	TELEVISION CABLE & SATELLITE	A	-1,872	CANCER CENTER	90.02	0	33.10
33.11	TELEVISION CABLE & SATELLITE	A	-565	EMERGENCY	91.00	0	33.11
33.12	OTHER OPERATING REVENUE	B	-124,341	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	ID BADGES	B	-400	OPERATION OF PLANT	7.00	0	33.13
33.14	RESIDENT STIPENDS	B	-11,227	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.14
33.15	MATERNAL CHILD CARE CLASSES	B	-3,897	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	OTHER OPERATING REVENUE	B	-14,836	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	INTEREST PAYMENTS	B	-307	CLINIC	90.00	0	33.17
33.18	OTHER EXPENSE	A	-20,715	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	OTHER EXPENSE	A	-117	OPERATING ROOM	50.00	0	33.19
33.20	OTHER EXPENSE	A	-113	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	OTHER EXPENSE	A	-396	EMERGENCY	91.00	0	33.21
33.22	PURCHASED SERVICES	A	-57,714	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	PURCHASED SERVICES	A	-108,319	HOUSEKEEPING	9.00	0	33.23
33.24	PURCHASED SERVICES	A	-3,106	DIETARY	10.00	0	33.24
33.25	PURCHASED SERVICES	A	-473	RADIOLOGY-DIAGNOSTIC	54.00	0	33.25
33.26	PURCHASED SERVICES	A	-1,593	PHYSICAL THERAPY	66.00	0	33.26
33.27	MEALS AND ENTERTAINMENT	A	-1,751	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	DONATIONS AND CONTRIBUTIONS	A	-2,925	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	LOBBYING	A	-9,398	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	PENALTIES	A	-2,591	ADMINISTRATIVE & GENERAL	5.00	0	33.30
33.31	NON-PATIENT BAD DEBT EXPENSE	A	-4,519	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	CHIEF STRATEGY OFFICER	A	-94,500	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	CHIEF STRATEGY OFFICER	A	-18,494	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
33.34	MEALS AND ENTERTAINMENT	A	-503	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,524,962				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: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet A-8-2

Date/Time Prepared:
9/24/2020 11:16 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	14,263	14,263	0	211,500	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,058,873	1,058,873	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,345,275	1,345,275	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	65,302	65,302	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	8,190	8,190	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	2,592,855	2,592,855	0	239,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	5,679	5,679	0	271,900	0	7.00
8.00	56.00	RADIOISOTOPE	21,014	21,014	0	271,900	0	8.00
9.00	57.00	CT SCAN	11,352	11,352	0	211,500	0	9.00
10.00	65.00	RESPIRATORY THERAPY	8,808	8,808	0	211,500	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	119,562	119,562	0	211,500	0	11.00
12.00	90.00	CLINIC	34,424	34,424	0	211,500	0	12.00
13.00	90.03	WOUND CARE	8,250	8,250	0	211,500	0	13.00
14.00	91.00	EMERGENCY	2,177,277	2,177,277	0	211,500	0	14.00
200.00			7,471,124	7,471,124	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	56.00	RADIOISOTOPE	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	90.03	WOUND CARE	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	14,263		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,058,873		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,345,275		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	65,302		4.00
5.00	50.00	OPERATING ROOM	0	0	0	8,190		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	2,592,855		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,679		7.00
8.00	56.00	RADIOISOTOPE	0	0	0	21,014		8.00
9.00	57.00	CT SCAN	0	0	0	11,352		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	8,808		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	119,562		11.00
12.00	90.00	CLINIC	0	0	0	34,424		12.00
13.00	90.03	WOUND CARE	0	0	0	8,250		13.00
14.00	91.00	EMERGENCY	0	0	0	2,177,277		14.00
200.00			0	0	0	7,471,124		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,422,645	6,422,645			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	1,745,417	0	1,745,417		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	611,629		611,629		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,850,266	0	0	8,850,266	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,433,633	416,726	0	39,685	1,013,266
7.00	00700	OPERATION OF PLANT	6,923,913	1,662,466	0	158,317	233,124
8.00	00800	LAUNDRY & LINEN SERVICE	1,037,813	21,528	0	2,050	0
9.00	00900	HOUSEKEEPING	2,484,823	47,659	0	4,539	195,211
10.00	01000	DIETARY	1,838,136	215,554	0	20,527	158,521
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	937,386	18,618	0	1,773	126,980
14.00	01400	CENTRAL SERVICES & SUPPLY	1,364,195	78,028	0	7,431	30,465
15.00	01500	PHARMACY	2,063,024	46,660	0	4,443	230,519
16.00	01600	MEDICAL RECORDS & LIBRARY	1,467,628	9,132	0	870	174,239
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,445,903	0	0	0	559,187
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,223,802	102,895	0	9,799	191,142
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,598,597	813,746	0	77,493	1,380,625
31.00	03100	INTENSIVE CARE UNIT	2,960,165	199,187	0	18,968	312,164
43.00	04300	NURSERY	978,241	10,346	0	985	116,539
44.00	04400	SKILLED NURSING FACILITY	2,266,885	204,676	0	19,491	291,436
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,947,649	360,150	0	34,297	494,598
51.00	05100	RECOVERY ROOM	793,053	0	0	0	106,470
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,370,772	222,548	0	21,193	293,804
53.00	05300	ANESTHESIOLOGY	213,812	8,993	0	856	15,478
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,299,597	259,659	160,023	31,951	359,077
55.01	03340	GASTRO INTESTINAL SERVICES	1,002,596	246,808	0	23,503	107,594
55.02	03630	ULTRA SOUND	898,735	0	0	0	128,699
56.00	05600	RADIOISOTOPE	252,464	36,402	0	3,467	31,540
57.00	05700	CT SCAN	954,931	0	116,715	5,268	115,974
58.00	05800	MRI	288,021	0	0	0	40,571
59.00	05900	CARDIAC CATHETERIZATION	1,405,046	38,780	0	3,693	83,777
60.00	06000	LABORATORY	4,313,589	185,817	0	17,695	297,005
63.00	06300	BLOOD STORING PROCESSING & TRANS.	500,028	8,563	0	815	0
65.00	06500	RESPIRATORY THERAPY	1,118,621	44,155	0	4,205	145,019
66.00	06600	PHYSICAL THERAPY	2,158,679	31,115	189,402	11,513	292,029
67.00	06700	OCCUPATIONAL THERAPY	472,654	0	0	0	64,285
68.00	06800	SPEECH PATHOLOGY	190,644	18,922	0	1,802	25,961
69.00	06900	ELECTROCARDIOLOGY	714,302	35,706	130,724	9,301	95,234
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,440,205	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,326,103	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,338,054	0	0	0	0
74.00	07400	RENAL DIALYSIS	842,537	6,767	0	644	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,862,822	79,103	0	7,533	248,421
90.01	04950	DIABETOLOGY	99,178	0	0	0	13,986
90.02	04951	CANCER CENTER	2,697,613	0	341,900	15,433	78,935
90.03	09001	WOUND CARE	815,750	0	0	0	11,641
91.00	09100	EMERGENCY	6,113,886	478,109	0	45,530	699,169
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	157,085,442	5,908,818	938,764	605,070	8,762,685
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	27,864	0	2,654	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	444,957	0	0	0
194.00	07950	MARKETING	194,461	0	0	0	8,933
194.01	07951	HOSPITALIST	0	0	0	0	0
194.02	07952	RETAIL PHARMACY	648,460	0	6,804	0	45,687
194.03	07953	COMMUNITY RELATIONS	54,723	0	0	0	4,549
194.04	07954	PHYSICIAN CLINICS	100,360	41,006	0	3,905	13,746
194.05	07955	GUEST MEALS	0	0	0	0	0
194.06	07956	CATERING MEALS	0	0	0	0	0
194.07	07957	RESEARCH RIVER FOREST NONREIMB	119,940	0	799,849	0	14,666
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		TOTAL (sum lines 118 through 201)	158,203,386	6,422,645	1,745,417	611,629	8,850,266

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,903,310	45,903,310				5.00
7.00	00700	OPERATION OF PLANT	8,977,820	3,669,738	12,647,558			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,061,391	433,850	62,685	1,557,926		8.00
9.00	00900	HOUSEKEEPING	2,732,232	1,116,816	138,777	0	3,987,825	9.00
10.00	01000	DIETARY	2,232,738	912,645	627,664	0	201,108	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,084,757	443,401	54,214	0	17,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,480,119	605,008	227,207	1,267	72,799	14.00
15.00	01500	PHARMACY	2,344,646	958,388	135,867	0	43,533	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,651,869	675,211	26,592	0	8,520	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,005,090	2,045,861	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,527,638	624,431	299,615	0	95,999	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,870,461	5,260,856	2,369,522	695,800	759,214	30.00
31.00	03100	INTENSIVE CARE UNIT	3,490,484	1,426,756	580,005	148,808	185,838	31.00
43.00	04300	NURSERY	1,106,111	452,130	30,127	0	9,653	43.00
44.00	04400	SKILLED NURSING FACILITY	2,782,488	1,137,359	595,989	179,296	190,960	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,836,694	2,794,540	1,048,709	166,831	336,014	50.00
51.00	05100	RECOVERY ROOM	899,523	367,685	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,908,317	1,188,792	648,031	7,529	207,634	52.00
53.00	05300	ANESTHESIOLOGY	239,139	97,750	26,186	0	8,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,110,307	1,680,113	756,091	85,752	242,257	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	1,380,501	564,288	718,672	25,233	230,268	55.01
55.02	03630	ULTRA SOUND	1,027,434	419,970	0	0	0	55.02
56.00	05600	RADIOISOTOPE	323,873	132,385	105,998	0	33,963	56.00
57.00	05700	CT SCAN	1,192,888	487,600	0	0	0	57.00
58.00	05800	MRI	328,592	134,314	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,531,296	625,926	112,922	2,871	36,181	59.00
60.00	06000	LABORATORY	4,814,106	1,967,795	541,075	0	173,365	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	509,406	208,223	24,934	0	7,989	63.00
65.00	06500	RESPIRATORY THERAPY	1,312,000	536,288	128,575	2,643	41,196	65.00
66.00	06600	PHYSICAL THERAPY	2,682,738	1,096,585	90,603	8,045	29,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	536,939	219,477	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	237,329	97,010	55,098	0	17,654	68.00
69.00	06900	ELECTROCARDIOLOGY	985,267	402,734	103,972	1,248	33,313	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,440,205	1,814,960	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,326,103	1,359,565	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,338,054	2,999,474	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	849,948	347,421	19,704	2,616	6,313	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,197,879	898,396	230,337	6,793	73,802	90.00
90.01	04950	DIABETOLOGY	113,164	46,256	0	0	0	90.01
90.02	04951	CANCER CENTER	3,133,881	1,280,993	0	0	0	90.02
90.03	09001	WOUND CARE	827,391	338,201	0	0	0	90.03
91.00	09100	EMERGENCY	7,336,694	2,998,918	1,392,189	223,194	446,068	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,670,822	44,868,109	11,151,360	1,557,926	3,508,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	30,518	12,474	81,137	0	25,997	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	444,957	181,879	1,295,657	0	415,138	192.00
194.00	07950	MARKETING	203,394	83,139	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	700,951	286,518	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	59,272	24,228	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	159,017	64,999	119,404	0	38,258	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	934,455	381,964	0	0	0	194.07
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)	158,203,386	45,903,310	12,647,558	1,557,926	3,987,825	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	3,974,155					10.00
11.00	01100	CAFETERIA	1,378,163	1,378,163				11.00
13.00	01300	NURSING ADMINISTRATION	0	24,137	1,623,880			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,791	0	2,392,191		14.00
15.00	01500	PHARMACY	0	43,819	0	0	3,526,253	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,121	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	106,295	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	36,334	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,156,965	262,434	554,015	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	431,032	59,339	147,646	0	0	31.00
43.00	04300	NURSERY	0	22,153	57,040	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	502,549	55,399	110,213	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	94,017	165,533	0	0	50.00
51.00	05100	RECOVERY ROOM	0	20,239	46,153	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	55,849	124,380	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,942	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,257	7,226	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	20,452	38,117	0	0	55.01
55.02	03630	ULTRA SOUND	0	24,464	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	5,995	311	0	0	56.00
57.00	05700	CT SCAN	0	22,045	1,019	0	0	57.00
58.00	05800	MRI	0	7,712	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,925	16,300	0	0	59.00
60.00	06000	LABORATORY	0	56,457	15	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,566	10	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	55,511	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,220	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,935	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,103	12,710	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,196,094	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,196,097	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,526,253	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	47,222	26,996	0	0	90.00
90.01	04950	DIABETOLOGY	0	2,659	3,161	0	0	90.01
90.02	04951	CANCER CENTER	0	15,005	21,876	0	0	90.02
90.03	09001	WOUND CARE	0	2,213	0	0	0	90.03
91.00	09100	EMERGENCY	0	132,904	291,159	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,468,709	1,361,514	1,623,880	2,392,191	3,526,253	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	505,446	0	0	0	0	192.00
194.00	07950	MARKETING	0	1,698	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	8,685	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	865	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	2,613	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	2,788	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,974,155	1,378,163	1,623,880	2,392,191	3,526,253	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		16.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,395,313				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	7,157,246			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		2,584,017		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	242,596	7,157,246	2,584,017	33,913,126	-9,741,263 30.00
31.00	03100	INTENSIVE CARE UNIT	49,006	0	0	6,518,914	0 31.00
43.00	04300	NURSERY	34,597	0	0	1,711,811	0 43.00
44.00	04400	SKILLED NURSING FACILITY	12,966	0	0	5,567,219	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	214,774	0	0	11,657,112	0 50.00
51.00	05100	RECOVERY ROOM	41,957	0	0	1,375,557	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,730	0	0	5,196,262	0 52.00
53.00	05300	ANESTHESIOLOGY	36,368	0	0	410,775	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,723	0	0	7,062,726	0 54.00
55.01	03340	GASTRO INTESTINAL SERVICES	71,851	0	0	3,049,382	0 55.01
55.02	03630	ULTRA SOUND	49,592	0	0	1,521,460	0 55.02
56.00	05600	RADIOISOTOPE	13,946	0	0	616,471	0 56.00
57.00	05700	CT SCAN	153,419	0	0	1,856,971	0 57.00
58.00	05800	MRI	38,389	0	0	509,007	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	62,910	0	0	2,404,331	0 59.00
60.00	06000	LABORATORY	238,176	0	0	7,790,989	0 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	14,979	0	0	765,531	0 63.00
65.00	06500	RESPIRATORY THERAPY	57,555	0	0	2,105,833	0 65.00
66.00	06600	PHYSICAL THERAPY	60,482	0	0	4,022,994	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	15,511	0	0	784,147	0 67.00
68.00	06800	SPEECH PATHOLOGY	4,036	0	0	416,062	0 68.00
69.00	06900	ELECTROCARDIOLOGY	49,209	0	0	1,606,556	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,004	0	0	7,541,263	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,728	0	0	5,938,493	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	321,506	0	0	14,185,287	0 73.00
74.00	07400	RENAL DIALYSIS	4,012	0	0	1,230,014	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,656	0	0	3,491,081	0 90.00
90.01	04950	DIABETOLOGY	476	0	0	165,716	0 90.01
90.02	04951	CANCER CENTER	5,747	0	0	4,457,502	0 90.02
90.03	09001	WOUND CARE	17,869	0	0	1,185,674	0 90.03
91.00	09100	EMERGENCY	258,543	0	0	13,079,669	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,395,313	7,157,246	2,584,017	152,137,935	-9,741,263 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	150,126	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	2,843,077	0 192.00
194.00	07950	MARKETING	0	0	0	288,231	0 194.00
194.01	07951	HOSPITALIST	0	0	0	0	0 194.01
194.02	07952	RETAIL PHARMACY	0	0	0	996,154	0 194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	84,365	0 194.03
194.04	07954	PHYSICIAN CLINICS	0	0	0	384,291	0 194.04
194.05	07955	GUEST MEALS	0	0	0	0	0 194.05
194.06	07956	CATERING MEALS	0	0	0	0	0 194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	1,319,207	0 194.07
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)	2,395,313	7,157,246	2,584,017	158,203,386	-9,741,263 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	55.01
55.02	03630	ULTRA SOUND	55.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	DIABETOLOGY	90.01
90.02	04951	CANCER CENTER	90.02
90.03	09001	WOUND CARE	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MARKETING	194.00
194.01	07951	HOSPITALIST	194.01
194.02	07952	RETAIL PHARMACY	194.02
194.03	07953	COMMUNITY RELATIONS	194.03
194.04	07954	PHYSICIAN CLINICS	194.04
194.05	07955	GUEST MEALS	194.05
194.06	07956	CATERING MEALS	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT RIVER FOR	MOVBLE 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	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	416,726	0	39,685	456,411	5.00
7.00	00700	OPERATION OF PLANT	0	1,662,466	0	158,317	1,820,783	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	21,528	0	2,050	23,578	8.00
9.00	00900	HOUSEKEEPING	0	47,659	0	4,539	52,198	9.00
10.00	01000	DIETARY	0	215,554	0	20,527	236,081	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	18,618	0	1,773	20,391	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	78,028	0	7,431	85,459	14.00
15.00	01500	PHARMACY	0	46,660	0	4,443	51,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,132	0	870	10,002	16.00
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	102,895	0	9,799	112,694	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	813,746	0	77,493	891,239	30.00
31.00	03100	INTENSIVE CARE UNIT	0	199,187	0	18,968	218,155	31.00
43.00	04300	NURSERY	0	10,346	0	985	11,331	43.00
44.00	04400	SKILLED NURSING FACILITY	0	204,676	0	19,491	224,167	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	360,150	0	34,297	394,447	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	222,548	0	21,193	243,741	52.00
53.00	05300	ANESTHESIOLOGY	0	8,993	0	856	9,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,659	160,023	31,951	451,633	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	246,808	0	23,503	270,311	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	36,402	0	3,467	39,869	56.00
57.00	05700	CT SCAN	0	0	116,715	5,268	121,983	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,780	0	3,693	42,473	59.00
60.00	06000	LABORATORY	0	185,817	0	17,695	203,512	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	8,563	0	815	9,378	63.00
65.00	06500	RESPIRATORY THERAPY	0	44,155	0	4,205	48,360	65.00
66.00	06600	PHYSICAL THERAPY	0	31,115	189,402	11,513	232,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,922	0	1,802	20,724	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,706	130,724	9,301	175,731	69.00
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	6,767	0	644	7,411	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	79,103	0	7,533	86,636	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	341,900	15,433	357,333	90.02
90.03	09001	WOUND CARE	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	478,109	0	45,530	523,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,908,818	938,764	605,070	7,452,652	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	27,864	0	2,654	30,518	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	444,957	0	0	444,957	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	6,804	0	6,804	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	41,006	0	3,905	44,911	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	799,849	0	799,849	194.07
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	6,422,645	1,745,417	611,629	8,779,691	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	456,411				5.00
7.00	00700	OPERATION OF PLANT	0	36,486	1,857,269			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,313	9,205	37,096		8.00
9.00	00900	HOUSEKEEPING	0	11,104	20,379	0	83,681	9.00
10.00	01000	DIETARY	0	9,074	92,171	0	4,220	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,408	7,961	0	365	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,015	33,365	30	1,528	14.00
15.00	01500	PHARMACY	0	9,529	19,952	0	913	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,713	3,905	0	179	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	20,341	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,208	43,998	0	2,014	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	52,331	347,958	16,568	15,931	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,185	85,173	3,543	3,900	31.00
43.00	04300	NURSERY	0	4,495	4,424	0	203	43.00
44.00	04400	SKILLED NURSING FACILITY	0	11,308	87,520	4,269	4,007	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,784	154,001	3,972	7,051	50.00
51.00	05100	RECOVERY ROOM	0	3,656	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,819	95,162	179	4,357	52.00
53.00	05300	ANESTHESIOLOGY	0	972	3,845	0	176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,704	111,031	2,042	5,084	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	5,610	105,535	601	4,832	55.01
55.02	03630	ULTRA SOUND	0	4,175	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	1,316	15,566	0	713	56.00
57.00	05700	CT SCAN	0	4,848	0	0	0	57.00
58.00	05800	MRI	0	1,335	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,223	16,582	68	759	59.00
60.00	06000	LABORATORY	0	19,565	79,456	0	3,638	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,070	3,662	0	168	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,332	18,881	63	864	65.00
66.00	06600	PHYSICAL THERAPY	0	10,903	13,305	192	609	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,182	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	965	8,091	0	370	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,004	15,268	30	699	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,045	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,517	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,822	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,454	2,894	62	132	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	8,932	33,825	162	1,549	90.00
90.01	04950	DIABETOLOGY	0	460	0	0	0	90.01
90.02	04951	CANCER CENTER	0	12,736	0	0	0	90.02
90.03	09001	WOUND CARE	0	3,363	0	0	0	90.03
91.00	09100	EMERGENCY	0	29,816	204,440	5,315	9,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	446,118	1,637,555	37,096	73,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	124	11,915	0	546	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,808	190,265	0	8,711	192.00
194.00	07950	MARKETING	0	827	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	2,849	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	241	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	646	17,534	0	803	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	3,798	0	0	0	194.07
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	456,411	1,857,269	37,096	83,681	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	341,546					10.00
11.00	01100	CAFETERIA	118,441	118,441				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,075	35,200			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	498	0	126,895		14.00
15.00	01500	PHARMACY	0	3,766	0	0	85,263	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,847	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,137	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,123	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,432	22,539	12,011	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,044	5,100	3,200	0	0	31.00
43.00	04300	NURSERY	0	1,904	1,236	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	43,190	4,762	2,389	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,081	3,588	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,740	1,000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,800	2,696	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	253	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,867	157	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	1,758	826	0	0	55.01
55.02	03630	ULTRA SOUND	0	2,103	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	515	7	0	0	56.00
57.00	05700	CT SCAN	0	1,895	22	0	0	57.00
58.00	05800	MRI	0	663	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,369	353	0	0	59.00
60.00	06000	LABORATORY	0	4,853	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,369	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,771	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,050	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	424	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,556	276	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	63,446	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	63,449	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	85,263	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,059	585	0	0	90.00
90.01	04950	DIABETOLOGY	0	229	69	0	0	90.01
90.02	04951	CANCER CENTER	0	1,290	474	0	0	90.02
90.03	09001	WOUND CARE	0	190	0	0	0	90.03
91.00	09100	EMERGENCY	0	11,424	6,311	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		298,107	117,010	35,200	126,895	85,263	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	43,439	0	0	0	0	192.00
194.00	07950	MARKETING	0	146	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	746	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	74	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	225	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	240	0	0	0	194.07
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)		341,546	118,441	35,200	126,895	85,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		16.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,646				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	29,478			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		168,037		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,395		1,460,404	0	30.00
31.00	03100	INTENSIVE CARE UNIT	484		370,784	0	31.00
43.00	04300	NURSERY	342		23,935	0	43.00
44.00	04400	SKILLED NURSING FACILITY	128		381,740	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,120		601,044	0	50.00
51.00	05100	RECOVERY ROOM	414		6,810	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	550		363,304	0	52.00
53.00	05300	ANESTHESIOLOGY	359		15,454	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,113		593,631	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	709		390,182	0	55.01
55.02	03630	ULTRA SOUND	490		6,768	0	55.02
56.00	05600	RADIOISOTOPE	138		58,124	0	56.00
57.00	05700	CT SCAN	1,514		130,262	0	57.00
58.00	05800	MRI	379		2,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	621		68,448	0	59.00
60.00	06000	LABORATORY	2,351		313,375	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	148		15,426	0	63.00
65.00	06500	RESPIRATORY THERAPY	568		76,437	0	65.00
66.00	06600	PHYSICAL THERAPY	597		262,407	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	153		3,385	0	67.00
68.00	06800	SPEECH PATHOLOGY	40		30,614	0	68.00
69.00	06900	ELECTROCARDIOLOGY	486		198,050	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	888		82,379	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	560		77,526	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,174		118,259	0	73.00
74.00	07400	RENAL DIALYSIS	40		13,993	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	95		135,843	0	90.00
90.01	04950	DIABETOLOGY	5		763	0	90.01
90.02	04951	CANCER CENTER	57		371,890	0	90.02
90.03	09001	WOUND CARE	176		3,729	0	90.03
91.00	09100	EMERGENCY	2,552		792,857	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,646	0	0	6,970,200	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0		43,103	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0		689,180	0	192.00
194.00	07950	MARKETING	0		973	0	194.00
194.01	07951	HOSPITALIST	0		0	0	194.01
194.02	07952	RETAIL PHARMACY	0		10,399	0	194.02
194.03	07953	COMMUNITY RELATIONS	0		315	0	194.03
194.04	07954	PHYSICIAN CLINICS	0		64,119	0	194.04
194.05	07955	GUEST MEALS	0		0	0	194.05
194.06	07956	CATERING MEALS	0		0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0		803,887	0	194.07
200.00		Cross Foot Adjustments		29,478	168,037	197,515	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	23,646	29,478	168,037	8,779,691	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet B
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	55.01
55.02	03630	ULTRA SOUND	55.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	DIABETOLOGY	90.01
90.02	04951	CANCER CENTER	90.02
90.03	09001	WOUND CARE	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MARKETING	194.00
194.01	07951	HOSPITALIST	194.01
194.02	07952	RETAIL PHARMACY	194.02
194.03	07953	COMMUNITY RELATIONS	194.03
194.04	07954	PHYSICIAN CLINICS	194.04
194.05	07955	GUEST MEALS	194.05
194.06	07956	CATERING MEALS	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
			1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	507,784					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	65,411				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			507,786			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	60,352,913		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,947	0	32,947	6,909,792	-45,903,310	5.00
7.00	00700	OPERATION OF PLANT	131,437	0	131,437	1,589,748	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,702	0	1,702	0	0	8.00
9.00	00900	HOUSEKEEPING	3,768	0	3,768	1,331,205	0	9.00
10.00	01000	DIETARY	17,042	0	17,042	1,081,008	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,472	0	1,472	865,916	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,169	0	6,169	207,749	0	14.00
15.00	01500	PHARMACY	3,689	0	3,689	1,571,984	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	722	0	722	1,188,191	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,813,280	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,135	0	8,135	1,303,459	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,336	0	64,336	9,414,983	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,748	0	15,748	2,128,746	0	31.00
43.00	04300	NURSERY	818	0	818	794,721	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	0	16,182	1,987,397	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,474	0	28,474	3,372,823	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	726,052	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,595	0	17,595	2,003,547	0	52.00
53.00	05300	ANESTHESIOLOGY	711	0	711	105,552	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	5,997	26,526	2,448,665	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	19,513	0	19,513	733,717	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	877,638	0	55.02
56.00	05600	RADIOISOTOPE	2,878	0	2,878	215,079	0	56.00
57.00	05700	CT SCAN	0	4,374	4,374	790,868	0	57.00
58.00	05800	MRI	0	0	0	276,666	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,066	0	3,066	571,303	0	59.00
60.00	06000	LABORATORY	14,691	0	14,691	2,025,378	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	677	0	677	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,491	0	3,491	988,930	0	65.00
66.00	06600	PHYSICAL THERAPY	2,460	7,098	9,558	1,991,440	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	438,378	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,496	0	1,496	177,040	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,823	4,899	7,722	649,434	0	69.00
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	535	0	535	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,254	0	6,254	1,694,067	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	95,378	0	90.01
90.02	04951	CANCER CENTER	0	12,813	12,813	538,285	0	90.02
90.03	09001	WOUND CARE	0	0	0	79,386	0	90.03
91.00	09100	EMERGENCY	37,800	0	37,800	4,767,860	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,160	35,181	502,341	59,755,665	-45,903,310	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,203	0	2,203	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,179	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	60,916	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	255	0	311,554	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	31,024	0	194.03
194.04	07954	PHYSICIAN CLINICS	3,242	0	3,242	93,740	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	29,975	0	100,014	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,422,645	1,745,417	611,629	8,850,266		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
203.00	Unit cost multiplier (Wkst. B, Part I)	12.648380	26.683845	1.204502	0.146642	5A	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				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: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	112,300,076					5.00
7.00	00700	OPERATION OF PLANT	8,977,820	343,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,061,391	1,702	1,121,281			8.00
9.00	00900	HOUSEKEEPING	2,732,232	3,768	0	337,930		9.00
10.00	01000	DIETARY	2,232,738	17,042	0	17,042	139,924	10.00
11.00	01100	CAFETERIA	0	0	0	0	48,523	11.00
13.00	01300	NURSING ADMINISTRATION	1,084,757	1,472	0	1,472	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,480,119	6,169	912	6,169	0	14.00
15.00	01500	PHARMACY	2,344,646	3,689	0	3,689	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,651,869	722	0	722	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,005,090	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,527,638	8,135	0	8,135	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,870,461	64,336	500,786	64,336	40,735	30.00
31.00	03100	INTENSIVE CARE UNIT	3,490,484	15,748	107,101	15,748	15,176	31.00
43.00	04300	NURSERY	1,106,111	818	0	818	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,782,488	16,182	129,044	16,182	17,694	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,836,694	28,474	120,073	28,474	0	50.00
51.00	05100	RECOVERY ROOM	899,523	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,908,317	17,595	5,419	17,595	0	52.00
53.00	05300	ANESTHESIOLOGY	239,139	711	0	711	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,110,307	20,529	61,718	20,529	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	1,380,501	19,513	18,161	19,513	0	55.01
55.02	03630	ULTRA SOUND	1,027,434	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	323,873	2,878	0	2,878	0	56.00
57.00	05700	CT SCAN	1,192,888	0	0	0	0	57.00
58.00	05800	MRI	328,592	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,531,296	3,066	2,066	3,066	0	59.00
60.00	06000	LABORATORY	4,814,106	14,691	0	14,691	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	509,406	677	0	677	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,312,000	3,491	1,902	3,491	0	65.00
66.00	06600	PHYSICAL THERAPY	2,682,738	2,460	5,790	2,460	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	536,939	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	237,329	1,496	0	1,496	0	68.00
69.00	06900	ELECTROCARDIOLOGY	985,267	2,823	898	2,823	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,440,205	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,326,103	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,338,054	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	849,948	535	1,883	535	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,197,879	6,254	4,889	6,254	0	90.00
90.01	04950	DIABETOLOGY	113,164	0	0	0	0	90.01
90.02	04951	CANCER CENTER	3,133,881	0	0	0	0	90.02
90.03	09001	WOUND CARE	827,391	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,336,694	37,800	160,639	37,800	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,767,512	302,776	1,121,281	297,306	122,128	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	30,518	2,203	0	2,203	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	444,957	35,179	0	35,179	17,796	192.00
194.00	07950	MARKETING	203,394	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	700,951	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	59,272	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	159,017	3,242	0	3,242	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	934,455	0	0	0	0	194.07
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)	45,903,310	12,647,558	1,557,926	3,987,825	3,974,155	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.408756	36.830396	1.389416	11.800743	28.402240	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	456,411	1,857,269	37,096	83,681	341,546	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004064	5.408471	0.033084	0.247628	2.440939	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: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	49,441,160					11.00
13.00	01300	NURSING ADMINISTRATION	865,916	1,367,425				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	207,749	0	6,652,206			14.00
15.00	01500	PHARMACY	1,571,984	0	0	7,338,054		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,188,191	0	0	0	909,263,068	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,813,280	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,303,459	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,414,983	466,520	0	0	92,101,836	30.00
31.00	03100	INTENSIVE CARE UNIT	2,128,746	124,329	0	0	18,605,098	31.00
43.00	04300	NURSERY	794,721	48,032	0	0	13,134,699	43.00
44.00	04400	SKILLED NURSING FACILITY	1,987,397	92,807	0	0	4,922,501	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,372,823	139,391	0	0	81,538,953	50.00
51.00	05100	RECOVERY ROOM	726,052	38,864	0	0	15,928,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,003,547	104,737	0	0	21,158,042	52.00
53.00	05300	ANESTHESIOLOGY	105,552	0	0	0	13,807,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,448,665	6,085	0	0	42,795,387	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	733,717	32,097	0	0	27,278,278	55.01
55.02	03630	ULTRA SOUND	877,638	0	0	0	18,827,615	55.02
56.00	05600	RADIOISOTOPE	215,079	262	0	0	5,294,661	56.00
57.00	05700	CT SCAN	790,868	858	0	0	58,245,687	57.00
58.00	05800	MRI	276,666	0	0	0	14,574,345	58.00
59.00	05900	CARDIAC CATHETERIZATION	571,303	13,726	0	0	23,883,826	59.00
60.00	06000	LABORATORY	2,025,378	13	0	0	90,423,720	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	5,686,769	63.00
65.00	06500	RESPIRATORY THERAPY	988,930	8	0	0	21,850,825	65.00
66.00	06600	PHYSICAL THERAPY	1,991,440	0	0	0	22,962,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	438,378	0	0	0	5,888,864	67.00
68.00	06800	SPEECH PATHOLOGY	177,040	0	0	0	1,532,432	68.00
69.00	06900	ELECTROCARDIOLOGY	649,434	10,703	0	0	18,682,240	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,326,103	0	34,170,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,326,103	0	21,536,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,338,054	121,940,575	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,523,227	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,694,067	22,733	0	0	3,665,746	90.00
90.01	04950	DIABETOLOGY	95,378	2,662	0	0	180,682	90.01
90.02	04951	CANCER CENTER	538,285	18,421	0	0	2,181,783	90.02
90.03	09001	WOUND CARE	79,386	0	0	0	6,784,158	90.03
91.00	09100	EMERGENCY	4,767,860	245,177	0	0	98,156,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,843,912	1,367,425	6,652,206	7,338,054	909,263,068	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	07950	MARKETING	60,916	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	311,554	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	31,024	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	93,740	0	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	100,014	0	0	0	0	194.07
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)	1,378,163	1,623,880	2,392,191	3,526,253	2,395,313	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.027875	1.187546	0.359609	0.480543	0.002634	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	118,441	35,200	126,895	85,263	23,646	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002396	0.025742	0.019076	0.011619	0.000026	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: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-SALAR	SERVICES-OTHER	
		Y & FRINGES	PRGM COSTS	
		APPRV	APPRV	
		(ASSIGNED	(ASSIGNED	
		TIME)	TIME)	
		21.00	22.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	114,608	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	114,608	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	114,608	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	55.01
55.02	03630	ULTRA SOUND	0	55.02
56.00	05600	RADIOISOTOPE	0	56.00
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
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
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	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETOLOGY	0	90.01
90.02	04951	CANCER CENTER	0	90.02
90.03	09001	WOUND CARE	0	90.03
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,608	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
194.00	07950	MARKETING	0	194.00
194.01	07951	HOSPITALIST	0	194.01
194.02	07952	RETAIL PHARMACY	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	194.04
194.05	07955	GUEST MEALS	0	194.05
194.06	07956	CATERING MEALS	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	194.07
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,157,246	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet B-1

Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER	
			APPRV	PRGM COSTS	
			(ASSIGNED TIME)	APPRV	
			(ASSIGNED TIME)		
			21.00	22.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		62.449794	22.546567	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		29,478	168,037	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.257207	1.466189	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,171,863	24,171,863	0	24,171,863 30.00
31.00	03100	INTENSIVE CARE UNIT	6,518,914	6,518,914	0	6,518,914 31.00
43.00	04300	NURSERY	1,711,811	1,711,811	0	1,711,811 43.00
44.00	04400	SKILLED NURSING FACILITY	5,567,219	5,567,219	0	5,567,219 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,657,112	11,657,112	0	11,657,112 50.00
51.00	05100	RECOVERY ROOM	1,375,557	1,375,557	0	1,375,557 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,196,262	5,196,262	0	5,196,262 52.00
53.00	05300	ANESTHESIOLOGY	410,775	410,775	0	410,775 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,062,726	7,062,726	0	7,062,726 54.00
55.01	03340	GASTRO INTESTINAL SERVICES	3,049,382	3,049,382	0	3,049,382 55.01
55.02	03630	ULTRA SOUND	1,521,460	1,521,460	0	1,521,460 55.02
56.00	05600	RADIOISOTOPE	616,471	616,471	0	616,471 56.00
57.00	05700	CT SCAN	1,856,971	1,856,971	0	1,856,971 57.00
58.00	05800	MRI	509,007	509,007	0	509,007 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,404,331	2,404,331	0	2,404,331 59.00
60.00	06000	LABORATORY	7,790,989	7,790,989	0	7,790,989 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	765,531	765,531	0	765,531 63.00
65.00	06500	RESPIRATORY THERAPY	2,105,833	2,105,833	0	2,105,833 65.00
66.00	06600	PHYSICAL THERAPY	4,022,994	4,022,994	0	4,022,994 66.00
67.00	06700	OCCUPATIONAL THERAPY	784,147	784,147	0	784,147 67.00
68.00	06800	SPEECH PATHOLOGY	416,062	416,062	0	416,062 68.00
69.00	06900	ELECTROCARDIOLOGY	1,606,556	1,606,556	0	1,606,556 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,541,263	7,541,263	0	7,541,263 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,938,493	5,938,493	0	5,938,493 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,185,287	14,185,287	0	14,185,287 73.00
74.00	07400	RENAL DIALYSIS	1,230,014	1,230,014	0	1,230,014 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,491,081	3,491,081	0	3,491,081 90.00
90.01	04950	DIABETOLOGY	165,716	165,716	0	165,716 90.01
90.02	04951	CANCER CENTER	4,457,502	4,457,502	0	4,457,502 90.02
90.03	09001	WOUND CARE	1,185,674	1,185,674	0	1,185,674 90.03
91.00	09100	EMERGENCY	13,079,669	13,079,669	0	13,079,669 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,720,251	1,720,251	0	1,720,251 92.00
200.00		Subtotal (see instructions)	144,116,923	144,116,923	0	144,116,923 200.00
201.00		Less Observation Beds	1,720,251	1,720,251	0	1,720,251 201.00
202.00		Total (see instructions)	142,396,672	142,396,672	0	142,396,672 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	86,663,344		86,663,344		30.00
31.00	03100	INTENSIVE CARE UNIT	18,605,098		18,605,098		31.00
43.00	04300	NURSERY	13,134,699		13,134,699		43.00
44.00	04400	SKILLED NURSING FACILITY	4,922,501		4,922,501		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,148,410	45,390,543	81,538,953	0.142964	50.00
51.00	05100	RECOVERY ROOM	7,363,371	8,565,593	15,928,964	0.086356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,939,365	218,677	21,158,042	0.245593	52.00
53.00	05300	ANESTHESIOLOGY	3,852,686	9,954,440	13,807,126	0.029751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,848,108	36,947,279	42,795,387	0.165035	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	4,039,265	23,239,013	27,278,278	0.111788	55.01
55.02	03630	ULTRA SOUND	2,747,026	16,080,589	18,827,615	0.080810	55.02
56.00	05600	RADIOISOTOPE	2,162,431	3,132,230	5,294,661	0.116433	56.00
57.00	05700	CT SCAN	16,486,487	41,759,200	58,245,687	0.031882	57.00
58.00	05800	MRI	2,740,781	11,833,564	14,574,345	0.034925	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,136,402	10,747,424	23,883,826	0.100668	59.00
60.00	06000	LABORATORY	53,036,569	37,387,151	90,423,720	0.086161	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,565,190	1,121,579	5,686,769	0.134616	63.00
65.00	06500	RESPIRATORY THERAPY	19,527,611	2,323,214	21,850,825	0.096373	65.00
66.00	06600	PHYSICAL THERAPY	13,705,570	9,256,453	22,962,023	0.175202	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,735,548	153,316	5,888,864	0.133158	67.00
68.00	06800	SPEECH PATHOLOGY	1,405,541	126,891	1,532,432	0.271504	68.00
69.00	06900	ELECTROCARDIOLOGY	9,146,922	9,535,318	18,682,240	0.085994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,505,033	18,664,987	34,170,020	0.220698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,792,382	9,744,528	21,536,910	0.275736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,703,446	79,237,129	121,940,575	0.116330	73.00
74.00	07400	RENAL DIALYSIS	1,436,038	87,189	1,523,227	0.807505	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	157,690	3,508,056	3,665,746	0.952352	90.00
90.01	04950	DIABETOLOGY	0	180,682	180,682	0.917169	90.01
90.02	04951	CANCER CENTER	4,596	2,177,187	2,181,783	2.043055	90.02
90.03	09001	WOUND CARE	54,111	6,730,047	6,784,158	0.174771	90.03
91.00	09100	EMERGENCY	18,314,371	79,841,705	98,156,076	0.133254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	219,814	5,218,678	5,438,492	0.316310	92.00
200.00		Subtotal (see instructions)	436,100,406	473,162,662	909,263,068		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	436,100,406	473,162,662	909,263,068		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142964			50.00
51.00	05100 RECOVERY ROOM	0.086356			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245593			52.00
53.00	05300 ANESTHESIOLOGY	0.029751			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165035			54.00
55.01	03340 GASTRO INTESTINAL SERVICES	0.111788			55.01
55.02	03630 ULTRA SOUND	0.080810			55.02
56.00	05600 RADIOISOTOPE	0.116433			56.00
57.00	05700 CT SCAN	0.031882			57.00
58.00	05800 MRI	0.034925			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100668			59.00
60.00	06000 LABORATORY	0.086161			60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.134616			63.00
65.00	06500 RESPIRATORY THERAPY	0.096373			65.00
66.00	06600 PHYSICAL THERAPY	0.175202			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.133158			67.00
68.00	06800 SPEECH PATHOLOGY	0.271504			68.00
69.00	06900 ELECTROCARDIOLOGY	0.085994			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.220698			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.275736			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116330			73.00
74.00	07400 RENAL DIALYSIS	0.807505			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.952352			90.00
90.01	04950 DIABETOLOGY	0.917169			90.01
90.02	04951 CANCER CENTER	2.043055			90.02
90.03	09001 WOUND CARE	0.174771			90.03
91.00	09100 EMERGENCY	0.133254			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316310			92.00
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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,171,863		24,171,863	0	24,171,863	30.00
31.00	03100	INTENSIVE CARE UNIT	6,518,914		6,518,914	0	6,518,914	31.00
43.00	04300	NURSERY	1,711,811		1,711,811	0	1,711,811	43.00
44.00	04400	SKILLED NURSING FACILITY	5,567,219		5,567,219	0	5,567,219	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,657,112		11,657,112	0	11,657,112	50.00
51.00	05100	RECOVERY ROOM	1,375,557		1,375,557	0	1,375,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,196,262		5,196,262	0	5,196,262	52.00
53.00	05300	ANESTHESIOLOGY	410,775		410,775	0	410,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,062,726		7,062,726	0	7,062,726	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	3,049,382		3,049,382	0	3,049,382	55.01
55.02	03630	ULTRA SOUND	1,521,460		1,521,460	0	1,521,460	55.02
56.00	05600	RADIOISOTOPE	616,471		616,471	0	616,471	56.00
57.00	05700	CT SCAN	1,856,971		1,856,971	0	1,856,971	57.00
58.00	05800	MRI	509,007		509,007	0	509,007	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,404,331		2,404,331	0	2,404,331	59.00
60.00	06000	LABORATORY	7,790,989		7,790,989	0	7,790,989	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	765,531		765,531	0	765,531	63.00
65.00	06500	RESPIRATORY THERAPY	2,105,833	0	2,105,833	0	2,105,833	65.00
66.00	06600	PHYSICAL THERAPY	4,022,994	0	4,022,994	0	4,022,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	784,147	0	784,147	0	784,147	67.00
68.00	06800	SPEECH PATHOLOGY	416,062	0	416,062	0	416,062	68.00
69.00	06900	ELECTROCARDIOLOGY	1,606,556		1,606,556	0	1,606,556	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,541,263		7,541,263	0	7,541,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,938,493		5,938,493	0	5,938,493	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,185,287		14,185,287	0	14,185,287	73.00
74.00	07400	RENAL DIALYSIS	1,230,014		1,230,014	0	1,230,014	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,491,081		3,491,081	0	3,491,081	90.00
90.01	04950	DIABETOLOGY	165,716		165,716	0	165,716	90.01
90.02	04951	CANCER CENTER	4,457,502		4,457,502	0	4,457,502	90.02
90.03	09001	WOUND CARE	1,185,674		1,185,674	0	1,185,674	90.03
91.00	09100	EMERGENCY	13,079,669		13,079,669	0	13,079,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,720,251		1,720,251	0	1,720,251	92.00
200.00		Subtotal (see instructions)	144,116,923	0	144,116,923	0	144,116,923	200.00
201.00		Less Observation Beds	1,720,251		1,720,251	0	1,720,251	201.00
202.00		Total (see instructions)	142,396,672	0	142,396,672	0	142,396,672	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	86,663,344		86,663,344		30.00
31.00	03100	INTENSIVE CARE UNIT	18,605,098		18,605,098		31.00
43.00	04300	NURSERY	13,134,699		13,134,699		43.00
44.00	04400	SKILLED NURSING FACILITY	4,922,501		4,922,501		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,148,410	45,390,543	81,538,953	0.142964	50.00
51.00	05100	RECOVERY ROOM	7,363,371	8,565,593	15,928,964	0.086356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,939,365	218,677	21,158,042	0.245593	52.00
53.00	05300	ANESTHESIOLOGY	3,852,686	9,954,440	13,807,126	0.029751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,848,108	36,947,279	42,795,387	0.165035	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	4,039,265	23,239,013	27,278,278	0.111788	55.01
55.02	03630	ULTRA SOUND	2,747,026	16,080,589	18,827,615	0.080810	55.02
56.00	05600	RADIOISOTOPE	2,162,431	3,132,230	5,294,661	0.116433	56.00
57.00	05700	CT SCAN	16,486,487	41,759,200	58,245,687	0.031882	57.00
58.00	05800	MRI	2,740,781	11,833,564	14,574,345	0.034925	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,136,402	10,747,424	23,883,826	0.100668	59.00
60.00	06000	LABORATORY	53,036,569	37,387,151	90,423,720	0.086161	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	4,565,190	1,121,579	5,686,769	0.134616	63.00
65.00	06500	RESPIRATORY THERAPY	19,527,611	2,323,214	21,850,825	0.096373	65.00
66.00	06600	PHYSICAL THERAPY	13,705,570	9,256,453	22,962,023	0.175202	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,735,548	153,316	5,888,864	0.133158	67.00
68.00	06800	SPEECH PATHOLOGY	1,405,541	126,891	1,532,432	0.271504	68.00
69.00	06900	ELECTROCARDIOLOGY	9,146,922	9,535,318	18,682,240	0.085994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,505,033	18,664,987	34,170,020	0.220698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,792,382	9,744,528	21,536,910	0.275736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,703,446	79,237,129	121,940,575	0.116330	73.00
74.00	07400	RENAL DIALYSIS	1,436,038	87,189	1,523,227	0.807505	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	157,690	3,508,056	3,665,746	0.952352	90.00
90.01	04950	DIABETOLOGY	0	180,682	180,682	0.917169	90.01
90.02	04951	CANCER CENTER	4,596	2,177,187	2,181,783	2.043055	90.02
90.03	09001	WOUND CARE	54,111	6,730,047	6,784,158	0.174771	90.03
91.00	09100	EMERGENCY	18,314,371	79,841,705	98,156,076	0.133254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	219,814	5,218,678	5,438,492	0.316310	92.00
200.00		Subtotal (see instructions)	436,100,406	473,162,662	909,263,068		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	436,100,406	473,162,662	909,263,068		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet C
Part I
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000		55.01
55.02	03630	ULTRA SOUND	0.000000		55.02
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETOLOGY	0.000000		90.01
90.02	04951	CANCER CENTER	0.000000		90.02
90.03	09001	WOUND CARE	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part I
Date/Time Prepared:
9/24/2020 11:16 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,460,404	0	1,460,404	21,091	69.24	30.00
31.00	INTENSIVE CARE UNIT	370,784		370,784	3,206	115.65	31.00
43.00	NURSERY	23,935		23,935	3,540	6.76	43.00
44.00	SKILLED NURSING FACILITY	381,740		381,740	7,779	49.07	44.00
200.00	Total (lines 30 through 199)	2,236,863		2,236,863	35,616		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	5,402	374,034				30.00
31.00	INTENSIVE CARE UNIT	1,013	117,153				31.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	4,962	243,485				44.00
200.00	Total (lines 30 through 199)	11,377	734,672				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	601,044	81,538,953	0.007371	10,500,562	77,400	50.00
51.00	05100	RECOVERY ROOM	6,810	15,928,964	0.000428	1,673,838	716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	363,304	21,158,042	0.017171	12,011	206	52.00
53.00	05300	ANESTHESIOLOGY	15,454	13,807,126	0.001119	961,217	1,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	593,631	42,795,387	0.013871	1,634,206	22,668	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	390,182	27,278,278	0.014304	1,306,897	18,694	55.01
55.02	03630	ULTRA SOUND	6,768	18,827,615	0.000359	305,050	110	55.02
56.00	05600	RADIOISOTOPE	58,124	5,294,661	0.010978	622,340	6,832	56.00
57.00	05700	CT SCAN	130,262	58,245,687	0.002236	4,601,390	10,289	57.00
58.00	05800	MRI	2,377	14,574,345	0.000163	815,817	133	58.00
59.00	05900	CARDIAC CATHETERIZATION	68,448	23,883,826	0.002866	3,343,596	9,583	59.00
60.00	06000	LABORATORY	313,375	90,423,720	0.003466	14,898,687	51,639	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	15,426	5,686,769	0.002713	587,258	1,593	63.00
65.00	06500	RESPIRATORY THERAPY	76,437	21,850,825	0.003498	4,533,049	15,857	65.00
66.00	06600	PHYSICAL THERAPY	262,407	22,962,023	0.011428	2,201,345	25,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,385	5,888,864	0.000575	1,200,151	690	67.00
68.00	06800	SPEECH PATHOLOGY	30,614	1,532,432	0.019977	291,150	5,816	68.00
69.00	06900	ELECTROCARDIOLOGY	198,050	18,682,240	0.010601	2,924,545	31,003	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,379	34,170,020	0.002411	3,884,864	9,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,526	21,536,910	0.003600	3,959,219	14,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,259	121,940,575	0.000970	11,568,262	11,221	73.00
74.00	07400	RENAL DIALYSIS	13,993	1,523,227	0.009186	734,655	6,749	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	135,843	3,665,746	0.037057	0	0	90.00
90.01	04950	DIABETOLOGY	763	180,682	0.004223	0	0	90.01
90.02	04951	CANCER CENTER	371,890	2,181,783	0.170452	0	0	90.02
90.03	09001	WOUND CARE	3,729	6,784,158	0.000550	0	0	90.03
91.00	09100	EMERGENCY	792,857	98,156,076	0.008078	4,296,214	34,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	103,934	5,438,492	0.019111	192,893	3,686	92.00
200.00		Total (lines 50 through 199)	4,837,271	785,937,426		77,049,216	359,442	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet D Part III Date/Time Prepared: 9/24/2020 11:16 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
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	21,091	0.00	5,402	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	3,206	0.00	1,013	31.00		
43.00	04300	NURSERY		0	3,540	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	7,779	0.00	4,962	44.00		
200.00		Total (lines 30 through 199)		0	35,616		11,377	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
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part IV
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	0	0	0	90.02
90.03	09001	WOUND CARE	0	0	0	0	0	90.03
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: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet D Part IV Date/Time Prepared: 9/24/2020 11:16 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	81,538,953	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,928,964	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,158,042	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,807,126	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,795,387	0.000000	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	27,278,278	0.000000	55.01
55.02	03630	ULTRA SOUND	0	0	0	18,827,615	0.000000	55.02
56.00	05600	RADIOISOTOPE	0	0	0	5,294,661	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,245,687	0.000000	57.00
58.00	05800	MRI	0	0	0	14,574,345	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	23,883,826	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	90,423,720	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	5,686,769	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,850,825	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,962,023	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,888,864	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,532,432	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,682,240	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,170,020	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,536,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,940,575	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,523,227	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,665,746	0.000000	90.00
90.01	04950	DIABETOLOGY	0	0	0	180,682	0.000000	90.01
90.02	04951	CANCER CENTER	0	0	0	2,181,783	0.000000	90.02
90.03	09001	WOUND CARE	0	0	0	6,784,158	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	98,156,076	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,438,492	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	785,937,426		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part IV
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	10,500,562	0	9,489,772	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,673,838	0	1,761,391	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	12,011	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	961,217	0	1,051,934	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,634,206	0	2,422,649	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000	1,306,897	0	3,597,549	0	55.01
55.02	03630	ULTRA SOUND	0.000000	305,050	0	809,832	0	55.02
56.00	05600	RADIOISOTOPE	0.000000	622,340	0	741,861	0	56.00
57.00	05700	CT SCAN	0.000000	4,601,390	0	6,683,052	0	57.00
58.00	05800	MRI	0.000000	815,817	0	2,158,825	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,343,596	0	2,987,033	0	59.00
60.00	06000	LABORATORY	0.000000	14,898,687	0	4,532,520	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	587,258	0	105,821	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,533,049	0	316,584	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,201,345	0	44,001	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,200,151	0	22,311	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	291,150	0	5,120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,924,545	0	2,123,349	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,884,864	0	3,268,879	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,959,219	0	2,571,354	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,568,262	0	16,693,733	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	734,655	0	38,750	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	53,052	0	90.00
90.01	04950	DIABETOLOGY	0.000000	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.000000	0	0	0	0	90.02
90.03	09001	WOUND CARE	0.000000	0	0	243,197	0	90.03
91.00	09100	EMERGENCY	0.000000	4,296,214	0	9,185,832	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	192,893	0	891,752	0	92.00
200.00		Total (lines 50 through 199)		77,049,216	0	71,800,153	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part V
Date/Time Prepared:
9/24/2020 11:16 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.142964	9,489,772	0	0	1,356,696	50.00
51.00	05100	RECOVERY ROOM	0.086356	1,761,391	0	0	152,107	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245593	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029751	1,051,934	0	0	31,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165035	2,422,649	0	0	399,822	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.111788	3,597,549	0	0	402,163	55.01
55.02	03630	ULTRA SOUND	0.080810	809,832	0	0	65,443	55.02
56.00	05600	RADIOISOTOPE	0.116433	741,861	0	0	86,377	56.00
57.00	05700	CT SCAN	0.031882	6,683,052	0	0	213,069	57.00
58.00	05800	MRI	0.034925	2,158,825	0	0	75,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100668	2,987,033	0	0	300,699	59.00
60.00	06000	LABORATORY	0.086161	4,532,520	0	0	390,526	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.134616	105,821	0	0	14,245	63.00
65.00	06500	RESPIRATORY THERAPY	0.096373	316,584	0	0	30,510	65.00
66.00	06600	PHYSICAL THERAPY	0.175202	44,001	0	0	7,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133158	22,311	0	0	2,971	67.00
68.00	06800	SPEECH PATHOLOGY	0.271504	5,120	0	0	1,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085994	2,123,349	0	0	182,595	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.220698	3,268,879	0	0	721,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275736	2,571,354	25,787	0	709,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116330	16,693,733	0	6,893	1,941,982	73.00
74.00	07400	RENAL DIALYSIS	0.807505	38,750	0	0	31,291	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.952352	53,052	1,685	0	50,524	90.00
90.01	04950	DIABETOLOGY	0.917169	0	0	0	0	90.01
90.02	04951	CANCER CENTER	2.043055	0	0	0	0	90.02
90.03	09001	WOUND CARE	0.174771	243,197	0	0	42,504	90.03
91.00	09100	EMERGENCY	0.133254	9,185,832	0	0	1,224,049	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316310	891,752	0	0	282,070	92.00
200.00		Subtotal (see instructions)		71,800,153	27,472	6,893	8,715,885	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		71,800,153	27,472	6,893	8,715,885	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet D
Part V
Date/Time Prepared:
9/24/2020 11:16 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
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
55.01	03340	GASTRO INTESTINAL SERVICES	0	0		55.01
55.02	03630	ULTRA SOUND	0	0		55.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,110	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	802		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,605	0		90.00
90.01	04950	DIABETOLOGY	0	0		90.01
90.02	04951	CANCER CENTER	0	0		90.02
90.03	09001	WOUND CARE	0	0		90.03
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)	8,715	802		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,715	802		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet D-1 Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,091	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,091	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)		19,590	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)		5,402	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)		24,171,863	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)		24,171,863	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)		24,171,863	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)		1,146.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,191,070	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)		6,191,070	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet D-1

Date/Time Prepared:
9/24/2020 11:16 am

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	6,518,914	3,206	2,033.35	1,013	2,059,784	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,899,182	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,150,036	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)					491,187	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					359,442	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					850,629	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,299,407	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)					1,501	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,146.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,720,251	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet D-1

Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,460,404	24,171,863	0.060418	1,720,251	103,934	90.00
91.00 Nursing School cost	0	24,171,863	0.000000	1,720,251	0	91.00
92.00 Allied health cost	0	24,171,863	0.000000	1,720,251	0	92.00
93.00 All other Medical Education	0	24,171,863	0.000000	1,720,251	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2019 To 04/30/2020	Worksheet D-1 Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,779	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,779	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,779	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,962	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)		5,567,219	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)		5,567,219	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)		5,567,219	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2019 To 04/30/2020	Worksheet D-1 Date/Time Prepared: 9/24/2020 11:16 am	
				Title XVIII		Skilled Nursing Facility	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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					5,567,219	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					715.67	71.00
72.00	Program routine service cost (line 9 x line 71)					3,551,155	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					3,551,155	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,551,155	83.00
84.00	Program inpatient ancillary services (see instructions)					1,760,705	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					5,311,860	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: 14-0049

Period:

Worksheet D-1

Component CCN: 14-5743

From 05/01/2019
To 04/30/2020Date/Time Prepared:
9/24/2020 11:16 am

Title XVIII

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet D-3 Date/Time Prepared: 9/24/2020 11:16 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,317,258	30.00
31.00	03100	INTENSIVE CARE UNIT		5,878,439	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142964	10,500,562	50.00
51.00	05100	RECOVERY ROOM	0.086356	1,673,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245593	12,011	52.00
53.00	05300	ANESTHESIOLOGY	0.029751	961,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165035	1,634,206	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.111788	1,306,897	55.01
55.02	03630	ULTRA SOUND	0.080810	305,050	55.02
56.00	05600	RADIOISOTOPE	0.116433	622,340	56.00
57.00	05700	CT SCAN	0.031882	4,601,390	57.00
58.00	05800	MRI	0.034925	815,817	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100668	3,343,596	59.00
60.00	06000	LABORATORY	0.086161	14,898,687	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.134616	587,258	63.00
65.00	06500	RESPIRATORY THERAPY	0.096373	4,533,049	65.00
66.00	06600	PHYSICAL THERAPY	0.175202	2,201,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133158	1,200,151	67.00
68.00	06800	SPEECH PATHOLOGY	0.271504	291,150	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085994	2,924,545	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.220698	3,884,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.275736	3,959,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.116330	11,568,262	73.00
74.00	07400	RENAL DIALYSIS	0.807505	734,655	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.952352	0	90.00
90.01	04950	DIABETOLOGY	0.917169	0	90.01
90.02	04951	CANCER CENTER	2.043055	0	90.02
90.03	09001	WOUND CARE	0.174771	0	90.03
91.00	09100	EMERGENCY	0.133254	4,296,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316310	192,893	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		77,049,216	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		77,049,216	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2019 To 04/30/2020	Worksheet D-3 Date/Time Prepared: 9/24/2020 11:16 am	
		Title XVIII	Skilled Nursing Facility	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
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142964	7,576	1,083	50.00
51.00	05100 RECOVERY ROOM	0.086356	2,976	257	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245593	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029751	3,248	97	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165035	71,099	11,734	54.00
55.01	03340 GASTRO INTESTINAL SERVICES	0.111788	0	0	55.01
55.02	03630 ULTRA SOUND	0.080810	6,154	497	55.02
56.00	05600 RADIOISOTOPE	0.116433	5,695	663	56.00
57.00	05700 CT SCAN	0.031882	47,649	1,519	57.00
58.00	05800 MRI	0.034925	15,813	552	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100668	0	0	59.00
60.00	06000 LABORATORY	0.086161	1,761,356	151,760	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.134616	28,972	3,900	63.00
65.00	06500 RESPIRATORY THERAPY	0.096373	511,033	49,250	65.00
66.00	06600 PHYSICAL THERAPY	0.175202	4,504,450	789,189	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.133158	2,113,024	281,366	67.00
68.00	06800 SPEECH PATHOLOGY	0.271504	450,623	122,346	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085994	48,660	4,184	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.220698	370,355	81,737	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.275736	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.116330	2,239,931	260,571	73.00
74.00	07400 RENAL DIALYSIS	0.807505	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.952352	0	0	90.00
90.01	04950 DIABETOLOGY	0.917169	0	0	90.01
90.02	04951 CANCER CENTER	2.043055	0	0	90.02
90.03	09001 WOUND CARE	0.174771	0	0	90.03
91.00	09100 EMERGENCY	0.133254	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316310	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,188,614	1,760,705	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)		12,188,614		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,514,859	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,426,864	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)			104,126	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			22,472	2.04
3.00	Managed Care Simulated Payments			7,925,401	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			130.90	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)			58.80	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			3.33	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)			55.47	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			55.10	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)			55.10	12.00
13.00	Total allowable FTE count for the prior year.			48.66	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.			55.47	14.00
15.00	Sum of lines 12 through 14 divided by 3.			53.08	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			53.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.405500	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.377443	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.377443	21.00
22.00	IME payment adjustment (see instructions)			2,419,390	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,481,614	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)			-0.37	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)			2,419,390	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,481,614	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			12.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)			41.69	31.00
32.00	Sum of lines 30 and 31			53.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)			33.58	33.00
34.00	Disproportionate share adjustment (see instructions)			1,086,458	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet E Part A Date/Time Prepared: 9/24/2020 11:16 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,003,159	1,533,462		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	839,680	892,424		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,732,104			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)	18,306,273			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)		19,787,887		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,426,908		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).		2,606,626		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,821,421		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,821,421		61.00
62.00	Deductibles billed to program beneficiaries		1,196,556		62.00
63.00	Coinsurance billed to program beneficiaries		61,369		63.00
64.00	Allowable bad debts (see instructions)		871,577		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		566,525		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		535,657		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,130,021		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)				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)		29,544		70.93
70.94	HRR adjustment amount (see instructions)		-93,946		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,065,619		71.00
71.01	Sequestration adjustment (see instructions)		461,312		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		21,897,030		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)		707,277		74.00
74.01	Balance due provider/program-PARHM (see instructions)		0		74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/24/2020 11:16 am

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,514,859	0	5,514,859		5,514,859	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,426,864	0		7,426,864	7,426,864	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	104,126	0	104,126		104,126	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	22,472	0		22,472	22,472	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	7,925,401	0	2,922,767	5,002,634	7,925,401	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.377443	0.377443	0.377443	0.377443		5.00	
6.00	IME payment adjustment (see instructions)	22.00	2,419,390	0	1,030,975	1,388,415	2,419,390	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,481,614	0	546,397	935,217	1,481,614	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,419,390	0	1,030,975	1,388,415	2,419,390	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,481,614	0	546,397	935,217	1,481,614	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3358	0.3358	0.3358	0.3358		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,086,458	0	462,973	623,485	1,086,458	11.00	
11.01	Uncompensated care payments	36.00	1,732,104	0	839,680	892,424	1,732,104	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	18,306,273	0	7,952,613	10,353,660	18,306,273	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,787,887	0	8,499,010	11,288,877	19,787,887	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,426,908	0	624,385	802,523	1,426,908	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	9,123,395	12,091,400	21,214,795
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,031,802	0	448,658	583,144	1,031,802
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	9,935	0	8,243	1,692	9,935
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.2582	0.2582	0.2582	0.2582	
23.00	Indirect medical education adjustment (see instructions)	6.00	266,411	0	115,843	150,568	266,411
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1151	0.1151	0.1151	0.1151	
25.00	Disproportionate share adjustment (see instructions)	11.00	118,760	0	51,641	67,119	118,760
26.00	Total prospective capital payments (see instructions)	12.00	1,426,908	0	624,385	802,523	1,426,908
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,514,859	5,514,859		5,514,859	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,426,864		7,426,864	7,426,864	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	104,126	104,126		104,126	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	22,472		22,472	22,472	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,925,401	2,922,767	5,002,634	7,925,401	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.377443	0.377443	0.377443		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,419,390	1,030,975	1,388,415	2,419,390	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,481,614	546,397	935,217	1,481,614	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	2,419,390	1,030,975	1,388,415	2,419,390	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,481,614	546,397	935,217	1,481,614	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3358	0.3358	0.3358		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,086,458	462,973	623,485	1,086,458	11.00
11.01	Uncompensated care payments	36.00	1,732,104	839,680	892,424	1,732,104	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	18,306,273	7,952,613	10,353,660	18,306,273	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	19,787,887	8,499,010	11,288,877	19,787,887	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,426,908	624,385	802,523	1,426,908	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,123,395	12,091,400	21,214,795	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,031,802	448,658	583,144	1,031,802	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	9,935	8,243	1,692	9,935	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	0.2582	0.2582	0.2582		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	266,411	115,843	150,568	266,411	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1151	0.1151	0.1151		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	118,760	51,641	67,119	118,760	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,426,908	624,385	802,523	1,426,908	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	29,544	6,693	22,851	29,544	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	-93,946	-37,501	-56,445	-93,946	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: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet E Part B Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,517	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,715,885	2.00
3.00	OPPS payments		7,611,103	3.00
4.00	Outlier payment (see instructions)		27,254	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)		9,517	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		34,365	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)		34,365	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)		34,365	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,848	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)		9,517	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)		7,638,357	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,508	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,461,303	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)		6,181,063	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		926,110	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)		7,107,173	30.00
31.00	Primary payer payments		9,223	31.00
32.00	Subtotal (line 30 minus line 31)		7,097,950	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)		784,967	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		510,229	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		547,180	36.00
37.00	Subtotal (see instructions)		7,608,179	37.00
38.00	MSP-LCC reconciliation amount from PS&R		95	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)		7,608,084	40.00
40.01	Sequestration adjustment (see instructions)		152,162	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		7,189,527	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)		266,395	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E-1
Part I
Date/Time Prepared:
9/24/2020 11:16 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		22,259,122		7,297,243	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	07/25/2019	10,604	07/25/2019	8,697	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	03/02/2020	372,696	03/02/2020	116,413	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)		-362,092		-107,716	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)		21,897,030		7,189,527	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		707,277		266,395	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		22,604,307		7,455,922	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: 14-0049
 Component CCN: 14-5743

 Period:
 From 05/01/2019
 To 04/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 9/24/2020 11:16 am

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,640,179			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)		2,640,179			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		2,640,180			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet E-1
Part II
Date/Time Prepared:
9/24/2020 11:16 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 05/01/2019 To 04/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,831,341	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,831,341	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		137,280	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		2,694,061	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		2,694,061	15.00
15.01	Sequestration adjustment (see instructions)		53,881	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		2,640,179	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049		Period: From 05/01/2019 To 04/30/2020		Worksheet E-4 Date/Time Prepared: 9/24/2020 11:16 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					58.80	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					0.00	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)					1.70	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)					1.39	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)					58.49	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					55.10	6.00
7.00	Enter the lesser of line 5 or line 6					55.10	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.	50.61		4.49		55.10 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.	50.61		4.49		55.10 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	50.61		4.49		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	48.80		0.00		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.89		0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	52.43		1.50		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	52.43		1.50		17.00	
18.00	Per resident amount	153,195.65		145,136.18		18.00	
19.00	Approved amount for resident costs	8,032,048		217,704		8,249,752 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					8,249,752 25.00	
		Inpatient Part A		Managed Care Prior to 1/1		Managed Care On or after 1/1	
		1.00		2.00		2.01	
						3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	6,415		2,727		1,363 26.00	
27.00	Total Inpatient Days (see instructions)	23,863		23,863		23,863 27.00	
28.00	Ratio of inpatient days to total inpatient days	0.268826		0.114277		0.057118 28.00	
29.00	Program direct GME amount	2,217,748		942,757		471,209 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			65,993		32,985 30.00	
31.00	Net Program direct GME amount					3,532,736 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet E-4 Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Hospital	PPS
				1.00
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,523,227	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)		24,532,532	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		24,532,532	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,725,402	42.00
43.00	Primary payer payments (see instructions)		9,223	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,716,179	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,248,711	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.737849	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.262151	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,532,736	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,606,626	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		926,110	50.00

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

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet G

Date/Time Prepared:
9/24/2020 11:16 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	673,131	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	56,250,012	0	0	0	4.00
5.00	Other receivable	727,002	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,208,377	0	0	0	6.00
7.00	Inventory	3,973,102	0	0	0	7.00
8.00	Prepaid expenses	2,753,073	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,167,943	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,647,671	0	0	0	15.00
16.00	Accumulated depreciation	-3,045	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	6,695,101	0	0	0	23.00
24.00	Accumulated depreciation	-1,574,206	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	6,765,521	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	43,933,464	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,162,436	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,587,003	0	0	0	38.00
39.00	Payroll taxes payable	2,235,027	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,652,383	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	24,944,809	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	64,581,658	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-3,723,690	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-3,723,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	60,857,968	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-16,924,504	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-16,924,504	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	43,933,464	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet G-1

Date/Time Prepared:
9/24/2020 11:16 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-8,033,783		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-27,996,251				2.00
3.00	Total (sum of line 1 and line 2)		-36,030,034		0		3.00
4.00	ADJUST FOR 12/31/19 FYE NET INC	19,105,530		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		19,105,530		0		10.00
11.00	Subtotal (line 3 plus line 10)		-16,924,504		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)		-16,924,504		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	ADJUST FOR 12/31/19 FYE NET INC		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
9/24/2020 11:16 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	86,663,344		86,663,344	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	4,922,501		4,922,501	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)	91,585,845		91,585,845	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,605,098		18,605,098	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,605,098		18,605,098	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	110,190,943		110,190,943	17.00
18.00	Ancillary services	294,024,182	375,506,307	669,530,489	18.00
19.00	Outpatient services	18,750,582	97,656,355	116,406,937	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY REVENUE	13,134,699	0	13,134,699	27.00
27.01	PHYSICIAN REVENUE	0	6,287,088	6,287,088	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	436,100,406	479,449,750	915,550,156	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		166,728,348		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		166,728,348		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0049

Period:
From 05/01/2019
To 04/30/2020

Worksheet G-3

Date/Time Prepared:
9/24/2020 11:16 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	915,550,156	1.00
2.00	Less contractual allowances and discounts on patients' accounts	794,781,213	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,768,943	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	166,728,348	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-45,959,405	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	122,436	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	321,779	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	1,581	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	551	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	521,373	24.00
24.01	MEDICAL EDUCATION REVENUE	11,227	24.01
24.02	CANCER CENTER RETAIL PHARMACY	737,358	24.02
24.03	COVID 19 FUNDING	3,419,084	24.03
24.04	SUPPLEMENTAL MEDICAID FUNDING	12,827,765	24.04
25.00	Total other income (sum of lines 6-24)	17,963,154	25.00
26.00	Total (line 5 plus line 25)	-27,996,251	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-27,996,251	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0049	Period: From 05/01/2019 To 04/30/2020	Worksheet L Parts I-III Date/Time Prepared: 9/24/2020 11:16 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,031,802	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,935	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)		65.20	3.00
4.00	Number of interns & residents (see instructions)		53.08	4.00
5.00	Indirect medical education percentage (see instructions)		25.82	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)		266,411	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		41.69	8.00
9.00	Sum of lines 7 and 8		53.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.51	10.00
11.00	Disproportionate share adjustment (see instructions)		118,760	11.00
12.00	Total prospective capital payments (see instructions)		1,426,908	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