

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: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/29/2021 12:36 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/29/2021	Time: 12:36 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (14-0054) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	281,678	-306,569	0	0	1.00
2.00	Subprovider - IPF	0	67,736	16,637		0	2.00
3.00	Subprovider - IRF	0	35,495	1		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	6,708	0		0	7.00
200.00	Total	0	391,617	-289,931	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: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 12:36 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3249 SOUTH OAK PARK AVENUE			PO Box:				1.00		
2.00	City: BERWYN			State: IL		Zip Code: 60402		County:		
		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		MACNEAL HOSPITAL	140054	99914	1	07/01/1966	N	P	0
4.00	Subprovider - IPF		MACNEAL PSYCH UNIT	14S054	99914	4	10/01/1984	N	P	0
5.00	Subprovider - IRF		MACNEAL REHAB UNIT	14T054	99914	5	10/01/2015	N	P	0
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		M.H. TRANSITIONAL CARE UNIT	145848	99914		10/01/1995	N	P	0
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,203	2,604	0	18	12,714	282	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	108	0	0	269		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.					2		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.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.70	28.06	0.024339		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.24	28.11	0.181659	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	25.87	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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	34.93	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	40.44	0.000000	67.01
67.02		INTERNAL MEDICINE	1408	0.00	0.05	0.000000	67.02
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0	71.00	
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y			75.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 12:36 pm	
			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)	N	N	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.	N			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	N		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.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 12:36 pm	
		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.	Y					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:	5,559,479		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.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 12:36 pm				
				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)					Y		HB1432		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: TRINITY HEALTH CORPORATION		Contractor's Name: WISCONSIN PHYSICIANS SERVICE		Contractor's Number: 08201				141.00			
142.00	Street: 20555 VICTOR PKWY		PO Box:						142.00			
143.00	City: LIVONIA		State: MI		Zip Code: 48152				143.00			
								1.00				
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00		
								1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00		
								1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00		
				Part A		Part B		Title V		Title XIX		
				1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital			N		N		N		N	155.00	
156.00	Subprovider - IPF			N		N		N		N	156.00	
157.00	Subprovider - IRF			N		N		N		N	157.00	
158.00	SUBPROVIDER										158.00	
159.00	SNF			N		N		N		N	159.00	
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00	
161.00	CMHC					N		N		N	161.00	
								1.00				
Multicampus												
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00		
			Name		County		State		Zip Code	CBSA	FTE/Campus	
			0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)										0.00	166.00
								1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 12:36 pm
			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: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 12:36 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			Y	03/01/2018	1.00	
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	09/26/2018	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			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	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N	01/04/2020	N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	11/24/2020	Y	11/24/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	PALUCK		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719	DAVID.PALUCK@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	245	89,670	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)		245	89,670	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	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)		262	95,892	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,150		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,392		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,150		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)		324			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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,032	5,107	42,725			1.00
2.00	HMO and other (see instructions)	7,956	12,714				2.00
3.00	HMO IPF Subprovider	1,392	0				3.00
4.00	HMO IRF Subprovider	344	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)	10,032	5,107	42,725			7.00
8.00	INTENSIVE CARE UNIT	1,125	0	3,592			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		0	2,374			13.00
14.00	Total (see instructions)	11,157	5,107	48,691	101.17	1,371.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,915	0	6,536	0.00	34.30	16.00
17.00	SUBPROVIDER - IRF	1,168	377	2,538	0.00	13.51	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,189	17	6,355	0.00	26.68	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)				101.17	1,445.49	27.00
28.00	Observation Bed Days		1,230	4,953			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			180			30.00
31.00	Employee discount days - IRF			15			31.00
32.00	Labor & delivery days (see instructions)	0	0	405			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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,667	738	12,355	1.00
2.00 HMO and other (see instructions)			1,777	2,877		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,667	738	12,355	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	251	417	977	16.00
17.00 SUBPROVIDER - IRF	0.00	0	92	24	208	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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	111,768,499	0	111,768,499	3,006,611.07	37.17
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		162,502	0	162,502	2,171.00	74.85
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,426,403	0	2,426,403	30,118.08	80.56
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	7,617,938	-1,862,077	5,755,861	173,705.16	33.14
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	1,864,678	-39,937	1,824,741	55,498.13	32.88
10.00	Excluded area salaries (see instructions)		23,280,088	-52,458	23,227,630	406,907.69	57.08
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,080,629	0	2,080,629	20,882.00	99.64
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		8,395,101	0	8,395,101	164,737.00	50.96
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)		14,441,335	0	14,441,335		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,766,567	0	2,766,567		
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		14,433	0	14,433		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		200,190	0	200,190		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,338,753	0	1,338,753		
25.50	Home office wage-related (core)		2,341,850	0	2,341,850		
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-3,085,714	3,679,430	593,716	9,890.39	60.03	26.00
27.00	Administrative & General	5.00	8,362,045	-684,784	7,677,261	280,971.26	27.32	27.00
28.00	Administrative & General under contract (see inst.)		1,370,580	0	1,370,580	13,267.00	103.31	28.00
29.00	Maintenance & Repairs	6.00	1,652,198	-74,434	1,577,764	46,737.45	33.76	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	535,972	-41,123	494,849	26,513.65	18.66	31.00
32.00	Housekeeping	9.00	2,315,753	-101,893	2,213,860	137,730.28	16.07	32.00
33.00	Housekeeping under contract (see instructions)		382,312	0	382,312	14,330.00	26.68	33.00
34.00	Dietary	10.00	2,821,120	-179,902	2,641,218	146,513.80	18.03	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	1,257,932	-33,863	1,224,069	23,236.58	52.68	38.00
39.00	Central Services and Supply	14.00	474,061	-31,288	442,773	21,811.51	20.30	39.00
40.00	Pharmacy	15.00	3,064,010	-154,306	2,909,704	67,688.78	42.99	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
1/29/2021 12:36 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,477,050	1,862,077	105,339,127	2,830,384.83	37.22	1.00
2.00	Excluded area salaries (see instructions)	25,144,766	-92,395	25,052,371	462,405.82	54.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,332,284	1,954,472	80,286,756	2,367,979.01	33.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,475,730	0	10,475,730	185,619.00	56.44	4.00
5.00	Subtotal wage-related costs (see inst.)	16,797,618	0	16,797,618	0.00	20.92	5.00
6.00	Total (sum of lines 3 thru 5)	105,605,632	1,954,472	107,560,104	2,553,598.01	42.12	6.00
7.00	Total overhead cost (see instructions)	19,150,269	2,377,837	21,528,106	788,690.70	27.30	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 1/29/2021 12:36 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 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)		74,673	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)		9,729,538	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 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)		320,821	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		706,932	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		6,094,700	17.00
18.00	Medicare Taxes - Employers Portion Only		1,425,373	18.00
19.00	Unemployment Insurance		295,000	19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		114,241	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,761,278	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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,080,629	18,761,278	1.00
2.00	Hospital	2,080,629	18,761,278	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/29/2021 12:36 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.144540 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	20,874,144		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	317,728,632		6.00
7.00	Medicaid cost (line 1 times line 6)	45,924,496		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)	25,050,352		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)	25,050,352		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	50,572,935	862,637	51,435,572 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,309,812	862,637	8,172,449 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	7,309,812	862,637	8,172,449 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,216,745		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	640,113		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	984,789		27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,231,956		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	522,743		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,695,192		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	33,745,544		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification 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	-9,511,672	-9,511,672	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,304,507	7,304,507	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,085,714	979,938	-2,105,776	3,570,774	1,464,998	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,362,045	62,302,237	70,664,282	1,847,895	72,512,177	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,652,198	6,446,948	8,099,146	-386,297	7,712,849	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	535,972	397,070	933,042	38,940	971,982	8.00
9.00	00900	HOUSEKEEPING	2,315,753	2,021,019	4,336,772	-288,591	4,048,181	9.00
10.00	01000	DIETARY	2,821,120	2,277,725	5,098,845	-269,221	4,829,624	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,257,932	358,689	1,616,621	-40,293	1,576,328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	474,061	-816,847	-342,786	909,789	567,003	14.00
15.00	01500	PHARMACY	3,064,010	5,788,743	8,852,753	-5,423,284	3,429,469	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,617,938	2,394,704	10,012,642	-3,583,230	6,429,412	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	5,130,902	5,130,902	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,357,100	4,641,576	24,998,676	-1,618,924	23,379,752	30.00
31.00	03100	INTENSIVE CARE UNIT	3,234,505	1,538,227	4,772,732	-407,110	4,365,622	31.00
40.00	04000	SUBPROVIDER - IPF	2,380,393	1,227,349	3,607,742	-99,871	3,507,871	40.00
41.00	04100	SUBPROVIDER - IRF	946,896	313,732	1,260,628	-60,905	1,199,723	41.00
43.00	04300	NURSERY	1,395,211	694,953	2,090,164	-78,982	2,011,182	43.00
44.00	04400	SKILLED NURSING FACILITY	1,864,678	513,338	2,378,016	-95,961	2,282,055	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,762,484	14,989,909	19,752,393	-8,109,654	11,642,739	50.00
51.00	05100	RECOVERY ROOM	496,335	167,517	663,852	-31,239	632,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,081,685	2,282,924	4,364,609	-226,659	4,137,950	52.00
53.00	05300	ANESTHESIOLOGY	534,957	3,021,980	3,556,937	-322,965	3,233,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,127,856	7,012,087	10,139,943	-5,896,843	4,243,100	54.00
56.00	05600	RADIOISOTOPE	309,463	376,535	685,998	-62,518	623,480	56.00
56.01	03630	ULTRA SOUND	858,673	185,715	1,044,388	-57,349	987,039	56.01
56.02	03440	MAMMOGRAPHY	781,800	366,069	1,147,869	-135,239	1,012,630	56.02
57.00	05700	CT SCAN	682,495	356,504	1,038,999	-155,164	883,835	57.00
58.00	05800	MRI	416,066	197,898	613,964	-66,723	547,241	58.00
59.00	05900	CARDIAC CATHETERIZATION	860,849	4,254,574	5,115,423	-3,516,819	1,598,604	59.00
59.01	05901	GASTRO INTESTINAL	1,348,480	902,385	2,250,865	-462,161	1,788,704	59.01
60.00	06000	LABORATORY	3,700,461	2,747,729	6,448,190	406	6,448,596	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	601,518	601,518	-408,809	192,709	63.00
65.00	06500	RESPIRATORY THERAPY	1,109,609	742,503	1,852,112	-113,107	1,739,005	65.00
66.00	06600	PHYSICAL THERAPY	1,887,806	352,348	2,240,154	-140,072	2,100,082	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	901,160	136,542	1,037,702	-22,685	1,015,017	67.00
68.00	06800	SPEECH PATHOLOGY	481,736	93,145	574,881	-35,058	539,823	68.00
69.00	06900	ELECTROCARDIOLOGY	721,704	371,734	1,093,438	-40,143	1,053,295	69.00
69.01	06901	CARDIAC HEHAB	155,157	85,732	240,889	-54,470	186,419	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,527,423	6,527,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,594,760	7,594,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,480,151	13,480,151	73.00
74.00	07400	RENAL DIALYSIS	74,290	957,012	1,031,302	-2,927	1,028,375	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,112,341	3,418,628	9,530,969	-844,284	8,686,685	91.00
91.01	09101	FAMILY PRACTICES	4,709,948	5,749,947	10,459,895	-3,778,923	6,680,972	91.01
91.02	09102	PSYCH DAY HOSPITAL	234,542	54,398	288,940	-10,708	278,232	91.02
91.03	09103	WOUND CARE	271,705	150,919	422,624	-86,974	335,650	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,815,700	140,655,653	232,471,353	-40,287	232,431,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	19,952,799	10,202,631	30,155,430	40,287	30,195,717	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	111,768,499	150,858,284	262,626,783	0	262,626,783	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,664,611	1,152,939	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,304,507	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,544	1,474,542	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,221,974	79,734,151	5.00
6.00	00600	MAINTENANCE & REPAIRS	-2,787,784	4,925,065	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-13,167	958,815	8.00
9.00	00900	HOUSEKEEPING	0	4,048,181	9.00
10.00	01000	DIETARY	-658,265	4,171,359	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-21,995	1,554,333	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-13,166	553,837	14.00
15.00	01500	PHARMACY	-126,768	3,302,701	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-23,459	6,405,953	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-978,476	4,152,426	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-331,387	23,048,365	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,709	4,347,913	31.00
40.00	04000	SUBPROVIDER - IPF	-1,582,069	1,925,802	40.00
41.00	04100	SUBPROVIDER - IRF	-6,088	1,193,635	41.00
43.00	04300	NURSERY	0	2,011,182	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,622	2,280,433	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-780,230	10,862,509	50.00
51.00	05100	RECOVERY ROOM	0	632,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,735,994	2,401,956	52.00
53.00	05300	ANESTHESIOLOGY	-2,181,298	1,052,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-276,799	3,966,301	54.00
56.00	05600	RADIOISOTOPE	0	623,480	56.00
56.01	03630	ULTRA SOUND	-4,913	982,126	56.01
56.02	03440	MAMMOGRAPHY	0	1,012,630	56.02
57.00	05700	CT SCAN	0	883,835	57.00
58.00	05800	MRI	0	547,241	58.00
59.00	05900	CARDIAC CATHETERIZATION	-8,593	1,590,011	59.00
59.01	05901	GASTRO INTESTINAL	0	1,788,704	59.01
60.00	06000	LABORATORY	-42,006	6,406,590	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	192,709	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,739,005	65.00
66.00	06600	PHYSICAL THERAPY	-5,876	2,094,206	66.00
66.01	06601	TCU REHAB	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-4,222	1,010,795	67.00
68.00	06800	SPEECH PATHOLOGY	-3,127	536,696	68.00
69.00	06900	ELECTROCARDIOLOGY	-210,363	842,932	69.00
69.01	06901	CARDIAC HEHAB	0	186,419	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,527,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,594,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,480,151	73.00
74.00	07400	RENAL DIALYSIS	0	1,028,375	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-922,471	7,764,214	91.00
91.01	09101	FAMILY PRACTICES	-2,649,096	4,031,876	91.01
91.02	09102	PSYCH DAY HOSPITAL	-3,149	275,083	91.02
91.03	09103	WOUND CARE	0	335,650	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,506,037	234,937,103	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	30,195,717	192.00
194.00	07950	MARKETING	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	MACNEAL SCHOOL	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	2,506,037	265,132,820	200.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	180,482		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,120,760		2.00
	0		0	6,301,242		
	C - LEASES RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	161,428		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,183,747		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	165		3.00
4.00	ULTRA SOUND	56.01	0	371		4.00
5.00	MRI	58.00	0	466		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
	0		0	1,346,177		
	D - CHARGEABLE DRUGS					
1.00	DIETARY	10.00	0	206		1.00
2.00	PHYSICAL THERAPY	66.00	0	20		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	643		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,480,151		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
	0		0	13,481,020		
	E - CHARGEABLE SUPPLIES					
1.00	LABORATORY	60.00	0	3,155		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,527,423		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

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
			0	6,530,578		
F - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	69,334		1.00
			0	69,334		
G - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,922,916		1.00
			0	9,922,916		
H - IMPLANTABLE DEVICE						
1.00	ANESTHESIOLOGY	53.00	0	1,435		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,594,760		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,638		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
			0	7,599,833		
I - LINEN						
1.00		0.00	0	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	135,328		2.00
3.00	PHARMACY	15.00	0	92		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	338		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	94		5.00
6.00	PHYSICAL THERAPY	66.00	0	241		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
			0	136,093		
J - INTERNS AND RESIDENTS OTHER PROG						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,311,422	0		1.00
2.00		0.00	0	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		3,311,422	0		
	K - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	1,819,480		1.00
2.00	COSTS APPRV	0.00	0	0		2.00
	TOTALS		0	1,819,480		
	L - PTO ACCRUAL RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,679,430	0		1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	47,314	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		3,726,744	0		
	M - REFUND & REBATE RECLASS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,353,883		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

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	TOTALS		0	1,353,883		
500.00	Grand Total: Increases		7,038,166	48,560,556		500.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

		Decreases					1/20/2021 12:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,301,242	9		1.00	
2.00		0.00	0	0	9		2.00	
			0	6,301,242				
	C - LEASES RENTALS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,294	10		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	176,926	10		2.00	
3.00	DIETARY	10.00	0	2,393	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,868	0		4.00	
5.00	PHARMACY	15.00	0	285,483	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	13,390	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	8,400	0		7.00	
8.00	SKILLED NURSING FACILITY	44.00	0	13,900	0		8.00	
9.00	OPERATING ROOM	50.00	0	660,899	0		9.00	
10.00	ANESTHESIOLOGY	53.00	0	326	0		10.00	
11.00	RESPIRATORY THERAPY	65.00	0	66,208	0		11.00	
12.00	FAMILY PRACTICES	91.01	0	90	0		12.00	
			0	1,346,177				
	D - CHARGEABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	85,837	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	770,838	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	11	0		3.00	
4.00	NURSING ADMINISTRATION	13.00	0	4	0		4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,918	0		5.00	
6.00	PHARMACY	15.00	0	4,781,554	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	151,486	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	55,321	0		8.00	
9.00	SUBPROVIDER - IPF	40.00	0	841	0		9.00	
10.00	SUBPROVIDER - IRF	41.00	0	999	0		10.00	
11.00	NURSERY	43.00	0	2,802	0		11.00	
12.00	SKILLED NURSING FACILITY	44.00	0	4,203	0		12.00	
13.00	OPERATING ROOM	50.00	0	46,893	0		13.00	
14.00	RECOVERY ROOM	51.00	0	1,861	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,454	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	168,743	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,405,911	0		17.00	
18.00	RADIOISOTOPE	56.00	0	26,125	0		18.00	
19.00	ULTRA SOUND	56.01	0	19	0		19.00	
20.00	MAMMOGRAPHY	56.02	0	21,883	0		20.00	
21.00	CT SCAN	57.00	0	85,861	0		21.00	
22.00	MRI	58.00	0	31,337	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	56,200	0		23.00	
24.00	GASTRO INTESTINAL	59.01	0	35,548	0		24.00	
25.00	RESPIRATORY THERAPY	65.00	0	11	0		25.00	
26.00	CARDIAC HEHAB	69.01	0	37,450	0		26.00	
27.00	RENAL DIALYSIS	74.00	0	360	0		27.00	
28.00	EMERGENCY	91.00	0	167,784	0		28.00	
29.00	FAMILY PRACTICES	91.01	0	1,504,194	0		29.00	
30.00	WOUND CARE	91.03	0	572	0		30.00	
			0	13,481,020				
	E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,551	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	31,011	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	2,296	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	32,747	0		4.00	
5.00	HOUSEKEEPING	9.00	0	45,744	0		5.00	
6.00	DIETARY	10.00	0	345	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,324	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	127,676	0		8.00	
9.00	PHARMACY	15.00	0	158,691	0		9.00	
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	732	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	451,678	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	177,186	0		12.00	
13.00	SUBPROVIDER - IPF	40.00	0	10,110	0		13.00	
14.00	SUBPROVIDER - IRF	41.00	0	25,914	0		14.00	
15.00	NURSERY	43.00	0	21,351	0		15.00	
16.00	SKILLED NURSING FACILITY	44.00	0	32,858	0		16.00	
17.00	OPERATING ROOM	50.00	0	2,572,985	0		17.00	
18.00	RECOVERY ROOM	51.00	0	6,521	0		18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	79,270	0		19.00	
20.00	ANESTHESIOLOGY	53.00	0	117,094	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	338,351	0		21.00	
22.00	RADIOISOTOPE	56.00	0	1,727	0		22.00	

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	ULTRA SOUND	56.01	0	11,671	0		23.00
24.00	MAMMOGRAPHY	56.02	0	71,713	0		24.00
25.00	CT SCAN	57.00	0	31,369	0		25.00
26.00	MRI	58.00	0	5,446	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	754,431	0		27.00
28.00	GASTRO INTESTINAL	59.01	0	246,028	0		28.00
29.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	408,359	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	6,283	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	22,472	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	2	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	2,581	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	3,578	0		34.00
35.00	CARDIAC HEHAB	69.01	0	9,313	0		35.00
36.00	RENAL DIALYSIS	74.00	0	2,567	0		36.00
37.00	EMERGENCY	91.00	0	388,247	0		37.00
38.00	FAMILY PRACTICES	91.01	0	311,838	0		38.00
39.00	PSYCH DAY HOSPITAL	91.02	0	14	0		39.00
40.00	WOUND CARE	91.03	0	15,504	0		40.00
	0		0	6,530,578			
F - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	69,334	12		1.00
	0		0	69,334			
G - INTEREST EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,922,916	11		1.00
	0		0	9,922,916			
H - IMPLANTABLE DEVICE							
1.00	HOUSEKEEPING	9.00	0	2,554	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	29	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	17	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,080	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	11	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	5	0		6.00
7.00	OPERATING ROOM	50.00	0	4,529,417	0		7.00
8.00	RECOVERY ROOM	51.00	0	3	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,986	0		9.00
10.00	MAMMOGRAPHY	56.02	0	44	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,651,967	0		11.00
12.00	GASTRO INTESTINAL	59.01	0	93,397	0		12.00
13.00	EMERGENCY	91.00	0	702	0		13.00
14.00	FAMILY PRACTICES	91.01	0	256,024	0		14.00
15.00	WOUND CARE	91.03	0	44,597	0		15.00
	0		0	7,599,833			
I - LINEN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,056	0		1.00
2.00	HOUSEKEEPING	9.00	0	1,064	0		2.00
3.00	DIETARY	10.00	0	18,882	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	162	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	905	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,788	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	20,516	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	11,698	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	1,943	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	1,185	0		10.00
11.00	NURSERY	43.00	0	322	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	1,631	0		12.00
13.00	OPERATING ROOM	50.00	0	12,877	0		13.00
14.00	RECOVERY ROOM	51.00	0	16	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,048	0		15.00
16.00	RADIOISOTOPE	56.00	0	5,062	0		16.00
17.00	MAMMOGRAPHY	56.02	0	198	0		17.00
18.00	CT SCAN	57.00	0	2,000	0		18.00
19.00	MRI	58.00	0	16	0		19.00
20.00	GASTRO INTESTINAL	59.01	0	476	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	122	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	38	0		22.00
23.00	CARDIAC HEHAB	69.01	0	529	0		23.00
24.00	EMERGENCY	91.00	0	17,349	0		24.00
25.00	FAMILY PRACTICES	91.01	0	6,210	0		25.00
	0		0	136,093			

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	J - INTERNS AND RESIDENTS OTHER PROG							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,841,724	0	0		1.00	
2.00	FAMILY PRACTICES	91.01	1,469,698	0	0		2.00	
	0		3,311,422	0				
	K - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,699,427	0		1.00	
2.00	FAMILY PRACTICES	91.01	0	120,053	0		2.00	
	TOTALS		0	1,819,480				
	L - PTO ACCRUAL RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	74,434	0	0		1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	41,123	0	0		2.00	
3.00	HOUSEKEEPING	9.00	101,893	0	0		3.00	
4.00	DIETARY	10.00	179,902	0	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	33,863	0	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	31,288	0	0		6.00	
7.00	PHARMACY	15.00	154,306	0	0		7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	20,353	0	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	867,820	0	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	139,870	0	0		10.00	
11.00	SUBPROVIDER - IPF	40.00	70,831	0	0		11.00	
12.00	SUBPROVIDER - IRF	41.00	28,941	0	0		12.00	
13.00	NURSERY	43.00	40,593	0	0		13.00	
14.00	SKILLED NURSING FACILITY	44.00	39,937	0	0		14.00	
15.00	OPERATING ROOM	50.00	151,814	0	0		15.00	
16.00	RECOVERY ROOM	51.00	22,312	0	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	102,009	0	0		17.00	
18.00	ANESTHESIOLOGY	53.00	22,988	0	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	106,796	0	0		19.00	
20.00	RADIOISOTOPE	56.00	27,536	0	0		20.00	
21.00	ULTRA SOUND	56.01	42,395	0	0		21.00	
22.00	MAMMOGRAPHY	56.02	37,997	0	0		22.00	
23.00	CT SCAN	57.00	28,782	0	0		23.00	
24.00	MRI	58.00	24,608	0	0		24.00	
25.00	CARDIAC CATHETERIZATION	59.00	39,743	0	0		25.00	
26.00	GASTRO INTESTINAL	59.01	41,426	0	0		26.00	
27.00	LABORATORY	60.00	99	0	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	32,419	0	0		28.00	
29.00	PHYSICAL THERAPY	66.00	110,758	0	0		29.00	
30.00	OCCUPATIONAL THERAPY	67.00	22,683	0	0		30.00	
31.00	SPEECH PATHOLOGY	68.00	31,396	0	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	35,978	0	0		32.00	
33.00	CARDIAC HEHAB	69.01	2,977	0	0		33.00	
34.00	EMERGENCY	91.00	234,063	0	0		34.00	
35.00	FAMILY PRACTICES	91.01	63,029	0	0		35.00	
36.00	PSYCH DAY HOSPITAL	91.02	10,069	0	0		36.00	
37.00	WOUND CARE	91.03	24,929	0	0		37.00	
38.00	ADMINISTRATIVE & GENERAL	5.00	684,784	0	0		38.00	
	TOTALS		3,726,744	0				
	M - REFUND & REBATE RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,974	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,830	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	309,556	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	22,518	0		4.00	
5.00	HOUSEKEEPING	9.00	0	137,336	0		5.00	
6.00	DIETARY	10.00	0	67,905	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	4,940	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	169,410	0		8.00	
9.00	PHARMACY	15.00	0	43,342	0		9.00	
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	17,206	0		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	114,017	0		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	13,555	0		12.00	
13.00	SUBPROVIDER - IPF	40.00	0	16,135	0		13.00	
14.00	SUBPROVIDER - IRF	41.00	0	3,866	0		14.00	
15.00	NURSERY	43.00	0	13,914	0		15.00	
16.00	SKILLED NURSING FACILITY	44.00	0	3,427	0		16.00	
17.00	OPERATING ROOM	50.00	0	134,769	0		17.00	
18.00	RECOVERY ROOM	51.00	0	526	0		18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,878	0		19.00	
20.00	ANESTHESIOLOGY	53.00	0	15,249	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,302	0		21.00	

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
1/29/2021 12:36 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	RADIOISOTOPE	56.00	0	2,068	0		22.00
23.00	ULTRA SOUND	56.01	0	3,635	0		23.00
24.00	MAMMOGRAPHY	56.02	0	3,404	0		24.00
25.00	CT SCAN	57.00	0	7,152	0		25.00
26.00	MRI	58.00	0	5,782	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	14,572	0		27.00
28.00	GASTRO INTESTINAL	59.01	0	45,286	0		28.00
29.00	LABORATORY	60.00	0	2,650	0		29.00
30.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	450	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	8,064	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	7,103	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	1,081	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	1,192	0		34.00
35.00	CARDIAC HEHAB	69.01	0	4,201	0		35.00
36.00	EMERGENCY	91.00	0	36,139	0		36.00
37.00	FAMILY PRACTICES	91.01	0	47,787	0		37.00
38.00	PSYCH DAY HOSPITAL	91.02	0	625	0		38.00
39.00	WOUND CARE	91.03	0	1,372	0		39.00
40.00	PHYSICIANS PRIVATE OFFICES	192.00	0	10,665	0		40.00
	TOTALS		0	1,353,883			
500.00	Grand Total: Decreases		7,038,166	48,560,556			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,470,000	0	0	0	1,920,000	1.00	
2.00	Land Improvements	1,139,318	0	0	0	0	2.00	
3.00	Buildings and Fixtures	630,000	0	0	0	0	3.00	
4.00	Building Improvements	93,910,293	2,815,877	0	2,815,877	3,490,000	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	17,009,342	112,302	0	112,302	668,450	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	123,158,953	2,928,179	0	2,928,179	6,078,450	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	123,158,953	2,928,179	0	2,928,179	6,078,450	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,550,000	0				1.00	
2.00	Land Improvements	1,139,318	0				2.00	
3.00	Buildings and Fixtures	630,000	0				3.00	
4.00	Building Improvements	93,236,170	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	16,453,194	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	120,008,682	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	120,008,682	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	103,555,488	0	103,555,488	0.688856	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,774,226	0	46,774,226	0.311144	0	2.00
3.00	Total (sum of lines 1-2)	150,329,714	0	150,329,714	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	10,845,093	161,428	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,120,760	1,183,747	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,965,853	1,345,175	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	-9,922,916	69,334	0	0	1,152,939	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,304,507	2.00
3.00	Total (sum of lines 1-2)	-9,922,916	69,334	0	0	8,457,446	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,015,682			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	19,239,327			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-631,912	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		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-26,353	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES-DIRECT	A	-106,022	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	PATIENT PHONES-BENEFITS	A		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02	PATIENT PHONES-DEPREC.	A		0CAP REL COSTS-MVBLE EQUIP		2.00	9 33.02
33.03	TELEVISION-DEPREC	A		0ADMINISTRATIVE & GENERAL		5.00	9 33.03
33.04	TELEVISION-CABLE	A		0ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05	TELEVISION-CABLE	A		0ANESTHESIOLOGY		53.00	0 33.05
33.06	TELEVISION-CABLE	A		0FAMILY PRACTICES		91.01	0 33.06
33.07	OTHER OPERATING REVENUE	B		0EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.07
33.08	TELEPHONE REVENUE	B	-171,364	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09	OTHER OPERATING REVENUE	B	-3,129,080	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10	RENT INCOME	B		0MAINTENANCE & REPAIRS		6.00	0 33.10
33.11	OTHER OPERATING REVENUE	B	-9,133	LAUNDRY & LINEN SERVICE		8.00	0 33.11
33.12	OTHER OPERATING REVENUE	B		0DIETARY		10.00	0 33.12
33.13	OTHER OPERATING REVENUE	B	-13,166	CENTRAL SERVICES & SUPPLY		14.00	0 33.13
33.14	OTHER OPERATING REVENUE	B	-126,268	PHARMACY		15.00	0 33.14
33.15	OTHER OPERATING REVENUE	B		0MEDICAL RECORDS & LIBRARY		16.00	0 33.15
33.16	OTHER OPERATING REVENUE	B		0I&R SERVICES-OTHER PRGM		22.00	0 33.16
33.17	RENT INCOME	B	-356,873	COSTS APPRV			
33.18	OTHER OPERATING REVENUE	B		ADULTS & PEDIATRICS		30.00	0 33.17
33.19	OTHER OPERATING REVENUE	B	-1,834	ADULTS & PEDIATRICS		30.00	0 33.18
33.20	OTHER OPERATING REVENUE	B		EMERGENCY		91.00	0 33.19
33.21	OTHER OPERATING REVENUE	B		LABORATORY		60.00	0 33.20
33.22	OTHER OPERATING REVENUE	B		DELIVERY ROOM & LABOR ROOM		52.00	0 33.21
33.23	OTHER OPERATING REVENUE	B		ANESTHESIOLOGY		53.00	0 33.22
33.24	OTHER OPERATING REVENUE	B	-9,161	RADIOLOGY-DIAGNOSTIC		54.00	0 33.23
33.25	OTHER OPERATING REVENUE	B	-4,913	ULTRA SOUND		56.01	0 33.24
33.26	OTHER OPERATING REVENUE	B		CT SCAN		57.00	0 33.25
33.27	OTHER OPERATING REVENUE	B	-42,006	LABORATORY		60.00	0 33.26
				BLOOD STORING PROCESSING & TRANS.		63.00	0 33.27
33.28	OTHER OPERATING REVENUE	B		RESPIRATORY THERAPY		65.00	0 33.28
33.29	OTHER OPERATING REVENUE	B	-5,876	PHYSICAL THERAPY		66.00	0 33.29
33.30	OTHER OPERATING REVENUE	B	-4,222	OCCUPATIONAL THERAPY		67.00	0 33.30
33.31	OTHER OPERATING REVENUE	B	29	ELECTROCARDIOLOGY		69.00	0 33.31
33.32	OTHER OPERATING REVENUE	B	-3,127	SPEECH PATHOLOGY		68.00	0 33.32
33.33	OTHER OPERATING REVENUE	B	-396,645	FAMILY PRACTICES		91.01	0 33.33
33.34	OTHER OPERATING REVENUE	B				0.00	0 33.34
33.35	INTEREST INCOME	A		ADMINISTRATIVE & GENERAL		5.00	0 33.35
33.36	ADVERTISING	A		ADMINISTRATIVE & GENERAL		5.00	0 33.36
33.37	ADVERTISING	A	9,544	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.37
33.38	ADVERTISING	A		MAINTENANCE & REPAIRS		6.00	0 33.38
33.39	ADVERTISING	A		SUBPROVIDER - IRF		41.00	0 33.39
33.40	ADVERTISING	A		I&R SERVICES-OTHER PRGM		22.00	0 33.40
				COSTS APPRV			
33.41	ADVERTISING	A	-819	ADULTS & PEDIATRICS		30.00	0 33.41
33.42	ADVERTISING	A		PSYCH DAY HOSPITAL		91.02	0 33.42
33.43	ADVERTISING	A				0.00	0 33.43
33.44	OTHER OPERATING EXPENSES	A	10,887	ADMINISTRATIVE & GENERAL		5.00	0 33.44
33.45	OTHER OPERATING EXPENSES	A	-4,034	LAUNDRY & LINEN SERVICE		8.00	0 33.45
33.46	OTHER OPERATING EXPENSES	A	-2,472	NURSING ADMINISTRATION		13.00	0 33.46
33.47	OTHER OPERATING EXPENSES	A	85	ADULTS & PEDIATRICS		30.00	0 33.47
33.48	OTHER OPERATING EXPENSES	A	-1,622	SKILLED NURSING FACILITY		44.00	0 33.48
33.49	OTHER OPERATING EXPENSES	A	-7,345	FAMILY PRACTICES		91.01	0 33.49
33.50	OTHER OPERATING EXPENSES	A		DELIVERY ROOM & LABOR ROOM		52.00	0 33.50
33.51	OTHER OPERATING EXPENSES	A		CARDIAC CATHETERIZATION		59.00	0 33.51
33.52	OTHER OPERATING EXPENSES	A		EMERGENCY		91.00	0 33.52
33.53	OTHER OPERATING EXPENSES	A		FAMILY PRACTICES		91.01	0 33.53
33.54	OTHER OPERATING EXPENSES	A				0.00	0 33.54
33.55	OTHER OPERATING REVENUE	B	-887,109	SUBPROVIDER - IPF		40.00	0 33.55
33.56	NON-ALLOWABLE MEALS	A	-76,810	ADMINISTRATIVE & GENERAL		5.00	0 33.56
33.57	NON-ALLOWABLE MEALS	A	-19,523	NURSING ADMINISTRATION		13.00	0 33.57
33.58	NON-ALLOWABLE MEALS	A	-23,459	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.58
33.59	NON-ALLOWABLE TRAVEL	A	-31,111	ADMINISTRATIVE & GENERAL		5.00	0 33.59
33.60	NON-ALLOWABLE TRAVEL	A	-6,608	INTENSIVE CARE UNIT		31.00	0 33.60
33.61	NON-ALLOWABLE TRAVEL	A		FAMILY PRACTICES		91.01	0 33.61
33.62	NON-ALLOWABLE TRAVEL	A		FAMILY PRACTICES		91.01	0 33.62
33.63	DUES & SUBSCRIPTIONS	A	-77,259	ADMINISTRATIVE & GENERAL		5.00	0 33.63
33.64	DUES & SUBSCRIPTIONS	A		FAMILY PRACTICES		91.01	0 33.64
33.65	LOBBYING DUES	A		ADMINISTRATIVE & GENERAL		5.00	0 33.65

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.66	PURCHASED SERVICES	A	-143,016	ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	PURCHASED SERVICES	A	-1,760	DELIVERY ROOM & LABOR ROOM	52.00	0	33.67
33.68	DONATIONS & CONTRIBUTIONS	A	-376,650	ADMINISTRATIVE & GENERAL	5.00	0	33.68
33.69	DONATIONS & CONTRIBUTIONS	A		NURSING ADMINISTRATION	13.00	0	33.69
33.70	PATIENT TRANSPORTATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.70
33.71	PATIENT TRANSPORTATION	A		ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72	PATIENT TRANSPORTATION	A		NURSING ADMINISTRATION	13.00	0	33.72
33.73	PATIENT TRANSPORTATION	A		ADULTS & PEDIATRICS	30.00	0	33.73
33.74	PATIENT TRANSPORTATION	A		INTENSIVE CARE UNIT	31.00	0	33.74
33.75	PATIENT TRANSPORTATION	A		SUBPROVIDER - IPF	40.00	0	33.75
33.76	PATIENT TRANSPORTATION	A		DELIVERY ROOM & LABOR ROOM	52.00	0	33.76
33.77	PATIENT TRANSPORTATION	A		EMERGENCY	91.00	0	33.77
33.78	PATIENT TRANSPORTATION	A		FAMILY PRACTICES	91.01	0	33.78
33.79	PATIENT TRANSPORTATION	A		PSYCH DAY HOSPITAL	91.02	0	33.79
33.80	ALCOHOL & LIQUOR	A		ADMINISTRATIVE & GENERAL	5.00	0	33.80
33.81	ALCOHOL & LIQUOR	A		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.81
33.82	PENALTIES & FINES	A	-100	ADMINISTRATIVE & GENERAL	5.00	0	33.82
33.83	PENALTIES & FINES	A	-500	PHARMACY	15.00	0	33.83
33.84	MSO FEES	A		DIETARY	10.00	0	33.84
33.85	MSO FEES	A		ELECTROCARDIOLOGY	69.00	0	33.85
33.86	MSO FEES	A		FAMILY PRACTICES	91.01	0	33.86
33.87	PHYSICIAN CONTINUING EDUCATION	A		FAMILY PRACTICES	91.01	0	33.87
33.88	PHYSICIAN RELOCATION EXPENSE	A		FAMILY PRACTICES	91.01	0	33.88
33.89	EMPLOYEE BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.89
33.90	PROPERTY TAXES	A		CAP REL COSTS-BLDG & FIXT	1.00	13	33.90
33.91	LEGAL	A	-40,001	ADMINISTRATIVE & GENERAL	5.00	0	33.91
33.92	Legal	A		ADULTS & PEDIATRICS	30.00	0	33.92
33.93	MEDICAL STAFF RELATIONS	A		ADMINISTRATIVE & GENERAL	5.00	0	33.93
33.94	MEDICAL STAFF RELATIONS	A		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.94
33.95	IDPA TAX ASSESSMENT	A		ADMINISTRATIVE & GENERAL	5.00	0	33.95
33.96	H.O. WORKER COMPENSATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.96
33.97	PERIOD 13 ADJUSTMENT	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.97
33.98	PERIOD 13 ADJUSTMENT	A		ADMINISTRATIVE & GENERAL	5.00	0	33.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,506,037				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 12:36 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	Capital - Buildings	737,258	-9,927,353	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
3.01	0.00			0	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	Workers Compensation IC	706,932	2,047,901	3.02
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	Admin & General IC	18,587,619	6,360,707	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	Malpractice Insurance	4,999,602	4,491,434	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	Benefits & Insurance	306,939	338,550	4.04
4.05	0.00			0	0	4.05
4.06	6.00	MAINTENANCE & REPAIRS	Repairs & Maintenance IC	0	2,787,784	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
5.00		TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		25,338,350	6,099,023	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	TENET HLTHCARE	100.00	6.00
7.00	G		0.00	GENESIS	1.00	7.00
8.00	G		0.00	REGIONAL	1.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 12:36 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	10,664,611	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	-1,340,969	0		3.02
4.00	0	0		4.00
4.01	0	0		4.01
4.02	12,226,912	9		4.02
4.03	508,168	0		4.03
4.04	-31,611	0		4.04
4.05	0	0		4.05
4.06	-2,787,784	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	19,239,327			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0054

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

Worksheet A-8-2

Date/Time Prepared:
1/29/2021 12:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	978,476	978,476	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	-26,220	-26,220	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	26,075	0	26,075	179,000	174	3.00
4.00	40.00	SUBPROVIDER - IPF	758,938	651,847	107,091	181,300	734	4.00
5.00	41.00	SUBPROVIDER - IRF	20,425	0	20,425	211,500	141	5.00
6.00	50.00	OPERATING ROOM	780,230	780,230	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,734,234	1,734,234	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	2,181,298	2,181,298	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	267,638	267,638	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	14,617	1	14,616	179,000	70	10.00
11.00	69.00	ELECTROCARDIOLOGY	210,392	210,392	0	0	0	11.00
12.00	91.00	EMERGENCY	920,637	920,637	0	0	0	12.00
13.00	91.01	FAMILY PRACTICES	2,245,106	2,245,106	0	0	0	13.00
14.00	91.02	PSYCH DAY HOSPITAL	7,280	0	7,280	179,000	48	14.00
200.00			10,119,126	9,943,639	175,487		1,167	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	14,974	749	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	63,978	3,199	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	14,337	717	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	6,024	301	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	91.01	FAMILY PRACTICES	0	0	0	0	0	13.00
14.00	91.02	PSYCH DAY HOSPITAL	4,131	207	0	0	0	14.00
200.00			103,444	5,173	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	978,476		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	-26,220		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	14,974	11,101	11,101		3.00
4.00	40.00	SUBPROVIDER - IPF	0	63,978	43,113	694,960		4.00
5.00	41.00	SUBPROVIDER - IRF	0	14,337	6,088	6,088		5.00
6.00	50.00	OPERATING ROOM	0	0	0	780,230		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,734,234		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	2,181,298		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	267,638		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	6,024	8,592	8,593		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	210,392		11.00
12.00	91.00	EMERGENCY	0	0	0	920,637		12.00
13.00	91.01	FAMILY PRACTICES	0	0	0	2,245,106		13.00
14.00	91.02	PSYCH DAY HOSPITAL	0	4,131	3,149	3,149		14.00
200.00			0	103,444	72,043	10,015,682		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,152,939	1,152,939				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,304,507		7,304,507			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,474,542	0	0	1,474,542		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	79,734,151	107,905	683,639	101,824	80,627,519	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,925,065	427,103	2,705,935	20,926	8,079,029	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	958,815	672	4,255	6,563	970,305	8.00
9.00	00900	HOUSEKEEPING	4,048,181	8,779	55,621	29,362	4,141,943	9.00
10.00	01000	DIETARY	4,171,359	25,488	161,481	35,030	4,393,358	10.00
11.00	01100	CAFETERIA	0	9,631	61,020	0	70,651	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,554,333	1,970	12,479	16,235	1,585,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	553,837	5,490	34,779	5,872	599,978	14.00
15.00	01500	PHARMACY	3,302,701	6,789	43,012	38,591	3,391,093	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,073	44,812	0	51,885	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,405,953	0	0	76,340	6,482,293	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,152,426	8,231	52,150	43,919	4,256,726	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,048,365	125,102	792,592	258,486	24,224,545	30.00
31.00	03100	INTENSIVE CARE UNIT	4,347,913	11,029	69,872	41,044	4,469,858	31.00
40.00	04000	SUBPROVIDER - IPF	1,925,802	20,580	130,385	30,632	2,107,399	40.00
41.00	04100	SUBPROVIDER - IRF	1,193,635	13,649	86,477	12,175	1,305,936	41.00
43.00	04300	NURSERY	2,011,182	4,969	31,484	17,966	2,065,601	43.00
44.00	04400	SKILLED NURSING FACILITY	2,280,433	10,099	63,983	24,202	2,378,717	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,862,509	41,608	263,613	61,151	11,228,881	50.00
51.00	05100	RECOVERY ROOM	632,613	3,864	24,478	6,287	667,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,401,956	10,906	69,097	26,256	2,508,215	52.00
53.00	05300	ANESTHESIOLOGY	1,052,674	262	1,661	6,790	1,061,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,966,301	29,865	189,209	40,068	4,225,443	54.00
56.00	05600	RADIOISOTOPE	623,480	2,845	18,026	3,739	648,090	56.00
56.01	03630	ULTRA SOUND	982,126	0	0	10,826	992,952	56.01
56.02	03440	MAMMOGRAPHY	1,012,630	6,575	41,656	9,865	1,070,726	56.02
57.00	05700	CT SCAN	883,835	2,695	17,076	8,670	912,276	57.00
58.00	05800	MRI	547,241	0	0	5,192	552,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,590,011	5,494	34,807	10,890	1,641,202	59.00
59.01	05901	GASTRO INTESTINAL	1,788,704	10,157	64,353	17,335	1,880,549	59.01
60.00	06000	LABORATORY	6,406,590	26,983	170,951	49,078	6,653,602	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	192,709	1,560	9,885	0	204,154	63.00
65.00	06500	RESPIRATORY THERAPY	1,739,005	3,083	19,531	14,287	1,775,906	65.00
66.00	06600	PHYSICAL THERAPY	2,094,206	11,737	74,358	23,569	2,203,870	66.00
66.01	06601	TCU REHAB	0	2,104	13,328	0	15,432	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,010,795	0	0	11,651	1,022,446	67.00
68.00	06800	SPEECH PATHOLOGY	536,696	1,917	12,147	5,973	556,733	68.00
69.00	06900	ELECTROCARDIOLOGY	842,932	0	0	9,095	852,027	69.00
69.01	06901	CARDIAC HEHAB	186,419	10,688	67,712	2,018	266,837	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,527,423	0	0	0	6,527,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,594,760	0	0	0	7,594,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,480,151	0	0	0	13,480,151	73.00
74.00	07400	RENAL DIALYSIS	1,028,375	430	2,723	985	1,032,513	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,764,214	19,041	120,638	77,964	7,981,857	91.00
91.01	09101	FAMILY PRACTICES	4,031,876	18,800	119,106	42,139	4,211,921	91.01
91.02	09102	PSYCH DAY HOSPITAL	275,083	7,675	48,624	2,977	334,359	91.02
91.03	09103	WOUND CARE	335,650	0	0	3,273	338,923	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,937,103	1,012,848	6,416,955	1,209,245	233,644,163	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,428	9,046	0	10,474
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,195,717	104,337	661,035	265,297	31,226,386
194.00	07950	MARKETING	0	2,091	13,245	0	15,336
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0
194.03	07953	RETAIL PHARMACY	0	9,127	57,827	0	66,954
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0
194.05	07955	CATERED MEALS	0	0	0	0	0
194.06	07956	VACANT SPACE	0	23,108	146,399	0	169,507
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	265,132,820	1,152,939	7,304,507	1,474,542	265,132,820

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	80,627,519					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,530,479	11,609,508				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	424,016	12,618	0	1,406,939		8.00
9.00	00900	HOUSEKEEPING	1,810,000	164,940	0	0	6,116,883	9.00
10.00	01000	DIETARY	1,919,867	478,863	0	12,552	256,225	10.00
11.00	01100	CAFETERIA	30,874	180,952	0	0	96,822	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	692,641	37,006	0	0	19,801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	262,186	103,136	0	18,971	55,185	14.00
15.00	01500	PHARMACY	1,481,884	127,551	0	0	68,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,673	132,888	0	0	71,104	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,832,717	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,860,159	154,649	0	2,269	82,748	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,585,957	2,350,383	0	599,360	1,257,619	30.00
31.00	03100	INTENSIVE CARE UNIT	1,953,297	207,202	0	73,989	110,867	31.00
40.00	04000	SUBPROVIDER - IPF	920,919	386,649	0	71,216	206,884	40.00
41.00	04100	SUBPROVIDER - IRF	570,685	256,443	0	0	137,215	41.00
43.00	04300	NURSERY	902,653	93,364	0	0	49,956	43.00
44.00	04400	SKILLED NURSING FACILITY	1,039,483	189,739	0	52,251	101,523	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,906,942	781,728	0	60,500	418,278	50.00
51.00	05100	RECOVERY ROOM	291,580	72,589	0	21,764	38,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,096,072	204,902	0	46,720	109,637	52.00
53.00	05300	ANESTHESIOLOGY	463,819	4,927	0	6,109	2,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,846,489	561,087	0	95,996	300,220	54.00
56.00	05600	RADIOISOTOPE	283,211	53,456	0	0	28,603	56.00
56.01	03630	ULTRA SOUND	433,913	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	467,900	123,527	0	21,206	66,096	56.02
57.00	05700	CT SCAN	398,658	50,637	0	0	27,094	57.00
58.00	05800	MRI	241,409	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	717,194	103,218	0	16,670	55,229	59.00
59.01	05901	GASTRO INTESTINAL	821,787	190,834	0	61,900	102,109	59.01
60.00	06000	LABORATORY	2,907,577	506,946	0	0	271,251	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	89,214	29,315	0	0	15,685	63.00
65.00	06500	RESPIRATORY THERAPY	776,058	57,918	0	0	30,990	65.00
66.00	06600	PHYSICAL THERAPY	963,076	220,504	0	17,987	117,985	66.00
66.01	06601	TCU REHAB	6,744	39,524	0	0	21,148	66.01
67.00	06700	OCCUPATIONAL THERAPY	446,802	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	243,288	36,021	0	0	19,274	68.00
69.00	06900	ELECTROCARDIOLOGY	372,330	0	0	3,893	0	69.00
69.01	06901	CARDIAC HEHAB	116,606	200,797	0	807	107,440	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,852,438	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,318,857	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,890,732	0	0	411	0	73.00
74.00	07400	RENAL DIALYSIS	451,201	8,075	0	0	4,320	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,488,016	357,745	0	192,721	191,418	91.00
91.01	09101	FAMILY PRACTICES	1,840,580	353,201	0	2,628	188,987	91.01
91.02	09102	PSYCH DAY HOSPITAL	146,113	144,193	0	0	77,153	91.02
91.03	09103	WOUND CARE	148,107	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,867,203	8,977,527	0	1,379,920	4,708,591	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4,577	26,824	0	0	14,353	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	13,645,706	1,960,259	0	27,019	1,048,874	192.00
194.00	07950	MARKETING	6,702	39,278	0	0	21,016	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	29,258	171,482	0	0	91,755	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	74,073	434,138	0	0	232,294	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	80,627,519	11,609,508	0	1,406,939	6,116,883	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,060,865					10.00
11.00	01100	CAFETERIA	0	379,299				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,709	0	2,338,174		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,409	0	0	1,042,865	14.00
15.00	01500	PHARMACY	0	10,680	0	9,908	2,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	806	0	1,094	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	30,443	0	0	25	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,784	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,816,659	96,081	0	1,012,129	24,734	30.00
31.00	03100	INTENSIVE CARE UNIT	379,261	12,095	0	191,347	9,107	31.00
40.00	04000	SUBPROVIDER - IPF	844,486	11,670	0	102,879	581	40.00
41.00	04100	SUBPROVIDER - IRF	327,098	4,512	0	44,201	1,500	41.00
43.00	04300	NURSERY	0	4,219	0	74,055	1,153	43.00
44.00	04400	SKILLED NURSING FACILITY	693,361	8,577	0	78,881	1,887	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,052	0	160,914	146,179	50.00
51.00	05100	RECOVERY ROOM	0	1,825	0	27,151	371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,671	0	105,389	4,492	52.00
53.00	05300	ANESTHESIOLOGY	0	2,404	0	19,045	6,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,407	0	32,106	13,156	54.00
56.00	05600	RADIOISOTOPE	0	836	0	0	70	56.00
56.01	03630	ULTRA SOUND	0	2,837	0	0	631	56.01
56.02	03440	MAMMOGRAPHY	0	3,255	0	0	4,112	56.02
57.00	05700	CT SCAN	0	2,672	0	0	1,522	57.00
58.00	05800	MRI	0	1,587	0	0	246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,742	0	29,661	10,967	59.00
59.01	05901	GASTRO INTESTINAL	0	5,916	0	51,858	12,417	59.01
60.00	06000	LABORATORY	0	1,679	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,113	0	0	368	65.00
66.00	06600	PHYSICAL THERAPY	0	6,711	0	0	1,315	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	3,137	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,536	0	0	151	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,492	0	9,715	205	69.00
69.01	06901	CARDIAC HEHAB	0	784	0	2,767	523	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	691,418	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	34,285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	227	0	3,925	150	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	29,626	0	315,716	18,241	91.00
91.01	09101	FAMILY PRACTICES	0	12,531	0	965	18,381	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	1,217	0	5,662	0	91.02
91.03	09103	WOUND CARE	0	1,144	0	14,798	908	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,060,865	329,386	0	2,294,166	1,007,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	49,913	0	44,008	34,927	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,060,865	379,299	0	2,338,174	1,042,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,091,862					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	280,450				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	33,341	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,050	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,743	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,409	0	0	0	41.00
43.00	04300	NURSERY	0	894	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,160	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,668	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	4,490	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,952	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,530	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,320	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,804	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	5,331	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	4,187	0	0	0	56.02
57.00	05700	CT SCAN	0	26,810	0	0	0	57.00
58.00	05800	MRI	0	6,577	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,494	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	6,974	0	0	0	59.01
60.00	06000	LABORATORY	0	20,654	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	577	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,092	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,610	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,868	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	626	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,493	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	465	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,513	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,659	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,933,001	28,924	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	187	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	29,043	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	247	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	902	0	0	0	91.02
91.03	09103	WOUND CARE	0	311	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,933,001	265,905	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	158,861	14,545	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,091,862	280,450	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,345,478					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		6,369,335				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,258,650	3,583,990	0	53,843,448	-8,842,640	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,411,073	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,655,426	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,648,999	0	41.00
43.00	04300	NURSERY	0	0	0	3,191,895	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	4,545,579	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	395,923	269,838	0	18,414,903	-665,761	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,125,852	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,086,050	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,576,203	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	7,101,224	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,016,070	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	1,435,664	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	1,761,009	0	56.02
57.00	05700	CT SCAN	0	0	0	1,419,669	0	57.00
58.00	05800	MRI	0	0	0	802,252	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,584,377	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	3,134,344	0	59.01
60.00	06000	LABORATORY	0	0	0	10,361,709	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	338,945	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,648,445	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,535,058	0	66.00
66.01	06601	TCU REHAB	0	0	0	82,848	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,474,253	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	857,629	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,246,155	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	697,026	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,074,792	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,955,561	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,333,219	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,500,598	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	268,327	182,876	0	13,055,586	-451,203	91.00
91.01	09101	FAMILY PRACTICES	3,422,578	2,332,631	0	12,384,650	-5,755,209	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	709,599	0	91.02
91.03	09103	WOUND CARE	0	0	0	504,191	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,345,478	6,369,335	0	215,514,301	-15,714,813	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	56,228	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	48,210,498	0	192.00
194.00	07950	MARKETING	0	0	0	82,332	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	359,449	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	910,012	0	194.06
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)	9,345,478	6,369,335	0	265,132,820	-15,714,813	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	45,000,808	30.00
31.00	03100	INTENSIVE CARE UNIT	7,411,073	31.00
40.00	04000	SUBPROVIDER - IPF	4,655,426	40.00
41.00	04100	SUBPROVIDER - IRF	2,648,999	41.00
43.00	04300	NURSERY	3,191,895	43.00
44.00	04400	SKILLED NURSING FACILITY	4,545,579	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	17,749,142	50.00
51.00	05100	RECOVERY ROOM	1,125,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,086,050	52.00
53.00	05300	ANESTHESIOLOGY	1,576,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,101,224	54.00
56.00	05600	RADIOISOTOPE	1,016,070	56.00
56.01	03630	ULTRA SOUND	1,435,664	56.01
56.02	03440	MAMMOGRAPHY	1,761,009	56.02
57.00	05700	CT SCAN	1,419,669	57.00
58.00	05800	MRI	802,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,584,377	59.00
59.01	05901	GASTRO INTESTINAL	3,134,344	59.01
60.00	06000	LABORATORY	10,361,709	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	338,945	63.00
65.00	06500	RESPIRATORY THERAPY	2,648,445	65.00
66.00	06600	PHYSICAL THERAPY	3,535,058	66.00
66.01	06601	TCU REHAB	82,848	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,474,253	67.00
68.00	06800	SPEECH PATHOLOGY	857,629	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246,155	69.00
69.01	06901	CARDIAC HEHAB	697,026	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,074,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,955,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,333,219	73.00
74.00	07400	RENAL DIALYSIS	1,500,598	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	12,604,383	91.00
91.01	09101	FAMILY PRACTICES	6,629,441	91.01
91.02	09102	PSYCH DAY HOSPITAL	709,599	91.02
91.03	09103	WOUND CARE	504,191	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	199,799,488	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	56,228	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	48,210,498	192.00
194.00	07950	MARKETING	82,332	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	359,449	194.03
194.04	07954	HOME DELIVERED MEALS	0	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	910,012	194.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	249,418,007	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	107,905	683,639	791,544	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	427,103	2,705,935	3,133,038	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	672	4,255	4,927	8.00
9.00	00900	HOUSEKEEPING	0	8,779	55,621	64,400	9.00
10.00	01000	DIETARY	0	25,488	161,481	186,969	10.00
11.00	01100	CAFETERIA	0	9,631	61,020	70,651	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,970	12,479	14,449	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,490	34,779	40,269	14.00
15.00	01500	PHARMACY	0	6,789	43,012	49,801	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,073	44,812	51,885	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,231	52,150	60,381	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	125,102	792,592	917,694	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,029	69,872	80,901	31.00
40.00	04000	SUBPROVIDER - IPF	0	20,580	130,385	150,965	40.00
41.00	04100	SUBPROVIDER - IRF	0	13,649	86,477	100,126	41.00
43.00	04300	NURSERY	0	4,969	31,484	36,453	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,099	63,983	74,082	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	41,608	263,613	305,221	50.00
51.00	05100	RECOVERY ROOM	0	3,864	24,478	28,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,906	69,097	80,003	52.00
53.00	05300	ANESTHESIOLOGY	0	262	1,661	1,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,865	189,209	219,074	54.00
56.00	05600	RADIOISOTOPE	0	2,845	18,026	20,871	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	6,575	41,656	48,231	56.02
57.00	05700	CT SCAN	0	2,695	17,076	19,771	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,494	34,807	40,301	59.00
59.01	05901	GASTRO INTESTINAL	0	10,157	64,353	74,510	59.01
60.00	06000	LABORATORY	0	26,983	170,951	197,934	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	1,560	9,885	11,445	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,083	19,531	22,614	65.00
66.00	06600	PHYSICAL THERAPY	0	11,737	74,358	86,095	66.00
66.01	06601	TCU REHAB	0	2,104	13,328	15,432	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,917	12,147	14,064	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	10,688	67,712	78,400	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	430	2,723	3,153	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	19,041	120,638	139,679	91.00
91.01	09101	FAMILY PRACTICES	0	18,800	119,106	137,906	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	7,675	48,624	56,299	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,012,848	6,416,955	7,429,803	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,428	9,046	10,474	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	104,337	661,035	765,372	0	192.00
194.00	07950	MARKETING	0	2,091	13,245	15,336	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	9,127	57,827	66,954	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	23,108	146,399	169,507	0	194.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,152,939	7,304,507	8,457,446	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	791,544					5.00
6.00	00600	MAINTENANCE & REPAIRS	34,659	3,167,697				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,163	3,443	0	12,533		8.00
9.00	00900	HOUSEKEEPING	17,769	45,005	0	0	127,174	9.00
10.00	01000	DIETARY	18,848	130,660	0	112	5,327	10.00
11.00	01100	CAFETERIA	303	49,374	0	0	2,013	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,800	10,097	0	0	412	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,574	28,141	0	169	1,147	14.00
15.00	01500	PHARMACY	14,548	34,803	0	0	1,419	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	223	36,259	0	0	1,478	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	27,809	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,261	42,196	0	20	1,720	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,923	641,312	0	5,340	26,146	30.00
31.00	03100	INTENSIVE CARE UNIT	19,176	56,536	0	659	2,305	31.00
40.00	04000	SUBPROVIDER - IPF	9,041	105,499	0	634	4,301	40.00
41.00	04100	SUBPROVIDER - IRF	5,602	69,971	0	0	2,853	41.00
43.00	04300	NURSERY	8,861	25,475	0	0	1,039	43.00
44.00	04400	SKILLED NURSING FACILITY	10,205	51,771	0	465	2,111	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,172	213,297	0	539	8,696	50.00
51.00	05100	RECOVERY ROOM	2,862	19,806	0	194	808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,760	55,908	0	416	2,279	52.00
53.00	05300	ANESTHESIOLOGY	4,553	1,344	0	54	55	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,127	153,095	0	855	6,242	54.00
56.00	05600	RADIOISOTOPE	2,780	14,586	0	0	595	56.00
56.01	03630	ULTRA SOUND	4,260	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	4,593	33,705	0	189	1,374	56.02
57.00	05700	CT SCAN	3,914	13,817	0	0	563	57.00
58.00	05800	MRI	2,370	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,041	28,163	0	149	1,148	59.00
59.01	05901	GASTRO INTESTINAL	8,068	52,070	0	551	2,123	59.01
60.00	06000	LABORATORY	28,544	138,322	0	0	5,639	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	876	7,999	0	0	326	63.00
65.00	06500	RESPIRATORY THERAPY	7,619	15,803	0	0	644	65.00
66.00	06600	PHYSICAL THERAPY	9,455	60,165	0	160	2,453	66.00
66.01	06601	TCU REHAB	66	10,784	0	0	440	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,386	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,388	9,828	0	0	401	68.00
69.00	06900	ELECTROCARDIOLOGY	3,655	0	0	35	0	69.00
69.01	06901	CARDIAC HEHAB	1,145	54,788	0	7	2,234	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,003	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,582	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,830	0	0	4	0	73.00
74.00	07400	RENAL DIALYSIS	4,429	2,203	0	0	90	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	34,242	97,612	0	1,717	3,980	91.00
91.01	09101	FAMILY PRACTICES	18,069	96,372	0	23	3,929	91.01
91.02	09102	PSYCH DAY HOSPITAL	1,434	39,343	0	0	1,604	91.02
91.03	09103	WOUND CARE	1,454	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,442	2,449,552	0	12,292	97,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	45	7,319	0	0	298	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	133,977	534,864	0	241	21,807	192.00
194.00	07950	MARKETING	66	10,717	0	0	437	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	287	46,789	0	0	1,908	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	727	118,456	0	0	4,830	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	791,544	3,167,697	0	12,533	127,174	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	341,916					10.00
11.00	01100	CAFETERIA	0	122,341				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,196	0	32,954		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,099	0	0	73,399	14.00
15.00	01500	PHARMACY	0	3,445	0	140	176	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	260	0	15	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,819	0	0	2	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,124	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	233,244	30,992	0	14,264	1,741	30.00
31.00	03100	INTENSIVE CARE UNIT	18,365	3,901	0	2,697	641	31.00
40.00	04000	SUBPROVIDER - IPF	40,893	3,764	0	1,450	41	40.00
41.00	04100	SUBPROVIDER - IRF	15,839	1,455	0	623	106	41.00
43.00	04300	NURSERY	0	1,361	0	1,044	81	43.00
44.00	04400	SKILLED NURSING FACILITY	33,575	2,766	0	1,112	133	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,145	0	2,268	10,288	50.00
51.00	05100	RECOVERY ROOM	0	589	0	383	26	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,474	0	1,485	316	52.00
53.00	05300	ANESTHESIOLOGY	0	776	0	268	447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,324	0	452	926	54.00
56.00	05600	RADIOISOTOPE	0	270	0	0	5	56.00
56.01	03630	ULTRA SOUND	0	915	0	0	44	56.01
56.02	03440	MAMMOGRAPHY	0	1,050	0	0	289	56.02
57.00	05700	CT SCAN	0	862	0	0	107	57.00
58.00	05800	MRI	0	512	0	0	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	884	0	418	772	59.00
59.01	05901	GASTRO INTESTINAL	0	1,908	0	731	874	59.01
60.00	06000	LABORATORY	0	541	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,649	0	0	26	65.00
66.00	06600	PHYSICAL THERAPY	0	2,165	0	0	93	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,012	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	495	0	0	11	68.00
69.00	06900	ELECTROCARDIOLOGY	0	804	0	137	14	69.00
69.01	06901	CARDIAC HEHAB	0	253	0	39	37	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	48,662	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	73	0	55	11	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,556	0	4,450	1,284	91.00
91.01	09101	FAMILY PRACTICES	0	4,042	0	14	1,294	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	392	0	80	0	91.02
91.03	09103	WOUND CARE	0	369	0	209	64	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	341,916	106,242	0	32,334	70,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	16,099	0	620	2,458	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	341,916	122,341	0	32,954	73,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	104,332					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,120				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,782	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,300	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	881	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	452	0			41.00
43.00	04300	NURSERY	0	287	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	372	0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,562	0			50.00
51.00	05100	RECOVERY ROOM	0	1,442	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	948	0			52.00
53.00	05300	ANESTHESIOLOGY	0	3,060	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,277	0			54.00
56.00	05600	RADIOISOTOPE	0	579	0			56.00
56.01	03630	ULTRA SOUND	0	1,712	0			56.01
56.02	03440	MAMMOGRAPHY	0	1,344	0			56.02
57.00	05700	CT SCAN	0	8,608	0			57.00
58.00	05800	MRI	0	2,112	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,406	0			59.00
59.01	05901	GASTRO INTESTINAL	0	2,239	0			59.01
60.00	06000	LABORATORY	0	6,631	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	185	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	672	0			65.00
66.00	06600	PHYSICAL THERAPY	0	1,159	0			66.00
66.01	06601	TCU REHAB	0	0	0			66.01
67.00	06700	OCCUPATIONAL THERAPY	0	600	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	201	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,764	0			69.00
69.01	06901	CARDIAC HEHAB	0	149	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,128	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,459	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,077	9,286	0			73.00
74.00	07400	RENAL DIALYSIS	0	60	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,324	0			91.00
91.01	09101	FAMILY PRACTICES	0	79	0			91.01
91.02	09102	PSYCH DAY HOSPITAL	0	290	0			91.02
91.03	09103	WOUND CARE	0	100	0			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,077	85,450	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,255	4,670	0			192.00
194.00	07950	MARKETING	0	0	0			194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0			194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0			194.02
194.03	07953	RETAIL PHARMACY	0	0	0			194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0			194.04
194.05	07955	CATERED MEALS	0	0	0			194.05
194.06	07956	VACANT SPACE	0	0	0			194.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	104,332	90,120	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,630					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		126,702				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,985,438	0	30.00
31.00	03100	INTENSIVE CARE UNIT				186,481	0	31.00
40.00	04000	SUBPROVIDER - IPF				317,469	0	40.00
41.00	04100	SUBPROVIDER - IRF				197,027	0	41.00
43.00	04300	NURSERY				74,601	0	43.00
44.00	04400	SKILLED NURSING FACILITY				176,592	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				603,188	0	50.00
51.00	05100	RECOVERY ROOM				54,452	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				154,589	0	52.00
53.00	05300	ANESTHESIOLOGY				12,480	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				407,372	0	54.00
56.00	05600	RADIOISOTOPE				39,686	0	56.00
56.01	03630	ULTRA SOUND				6,931	0	56.01
56.02	03440	MAMMOGRAPHY				90,775	0	56.02
57.00	05700	CT SCAN				47,642	0	57.00
58.00	05800	MRI				5,011	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				81,282	0	59.00
59.01	05901	GASTRO INTESTINAL				143,074	0	59.01
60.00	06000	LABORATORY				377,611	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.				20,831	0	63.00
65.00	06500	RESPIRATORY THERAPY				49,027	0	65.00
66.00	06600	PHYSICAL THERAPY				161,745	0	66.00
66.01	06601	TCU REHAB				26,722	0	66.01
67.00	06700	OCCUPATIONAL THERAPY				5,998	0	67.00
68.00	06800	SPEECH PATHOLOGY				27,388	0	68.00
69.00	06900	ELECTROCARDIOLOGY				6,409	0	69.00
69.01	06901	CARDIAC HEHAB				137,052	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				77,793	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				37,454	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				168,197	0	73.00
74.00	07400	RENAL DIALYSIS				10,074	0	74.00
76.97	07697	CARDIAC REHABILITATION				0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY				301,844	0	91.00
91.01	09101	FAMILY PRACTICES				261,728	0	91.01
91.02	09102	PSYCH DAY HOSPITAL				99,442	0	91.02
91.03	09103	WOUND CARE				2,196	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	6,355,601	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				18,136	0	190.00
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				1,483,363	0	192.00
194.00	07950	MARKETING				26,556	0	194.00
194.01	07951	MACNEAL SCHOOL				0	0	194.01
194.02	07952	COMMUNITY RELATIONS				0	0	194.02
194.03	07953	RETAIL PHARMACY				115,938	0	194.03
194.04	07954	HOME DELIVERED MEALS				0	0	194.04
194.05	07955	CATERED MEALS				0	0	194.05
194.06	07956	VACANT SPACE				293,520	0	194.06
200.00		Cross Foot Adjustments	37,630	126,702	0	164,332	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,630	126,702	0	8,457,446	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,985,438	30.00
31.00	03100	INTENSIVE CARE UNIT	186,481	31.00
40.00	04000	SUBPROVIDER - IPF	317,469	40.00
41.00	04100	SUBPROVIDER - IRF	197,027	41.00
43.00	04300	NURSERY	74,601	43.00
44.00	04400	SKILLED NURSING FACILITY	176,592	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	603,188	50.00
51.00	05100	RECOVERY ROOM	54,452	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,589	52.00
53.00	05300	ANESTHESIOLOGY	12,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,372	54.00
56.00	05600	RADIOISOTOPE	39,686	56.00
56.01	03630	ULTRA SOUND	6,931	56.01
56.02	03440	MAMMOGRAPHY	90,775	56.02
57.00	05700	CT SCAN	47,642	57.00
58.00	05800	MRI	5,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,282	59.00
59.01	05901	GASTRO INTESTINAL	143,074	59.01
60.00	06000	LABORATORY	377,611	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	20,831	63.00
65.00	06500	RESPIRATORY THERAPY	49,027	65.00
66.00	06600	PHYSICAL THERAPY	161,745	66.00
66.01	06601	TCU REHAB	26,722	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,998	67.00
68.00	06800	SPEECH PATHOLOGY	27,388	68.00
69.00	06900	ELECTROCARDIOLOGY	6,409	69.00
69.01	06901	CARDIAC HEHAB	137,052	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,197	73.00
74.00	07400	RENAL DIALYSIS	10,074	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	301,844	91.00
91.01	09101	FAMILY PRACTICES	261,728	91.01
91.02	09102	PSYCH DAY HOSPITAL	99,442	91.02
91.03	09103	WOUND CARE	2,196	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,355,601	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	18,136	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,483,363	192.00
194.00	07950	MARKETING	26,556	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	115,938	194.03
194.04	07954	HOME DELIVERED MEALS	0	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	293,520	194.06
200.00		Cross Foot Adjustments	164,332	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,457,446	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	791,376					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		791,376				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	111,174,783			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	74,066	74,066	7,677,261	-80,627,519	184,505,301	5.00
6.00	00600	MAINTENANCE & REPAIRS	293,163	293,163	1,577,764	0	8,079,029	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	461	494,849	0	970,305	8.00
9.00	00900	HOUSEKEEPING	6,026	6,026	2,213,860	0	4,141,943	9.00
10.00	01000	DIETARY	17,495	17,495	2,641,218	0	4,393,358	10.00
11.00	01100	CAFETERIA	6,611	6,611	0	0	70,651	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	1,352	1,224,069	0	1,585,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	442,773	0	599,978	14.00
15.00	01500	PHARMACY	4,660	4,660	2,909,704	0	3,391,093	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	0	0	51,885	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,755,861	0	6,482,293	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	5,650	3,311,422	0	4,256,726	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	85,870	19,489,280	0	24,224,545	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	7,570	3,094,635	0	4,469,858	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	14,126	2,309,562	0	2,107,399	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	9,369	917,955	0	1,305,936	41.00
43.00	04300	NURSERY	3,411	3,411	1,354,618	0	2,065,601	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	6,932	1,824,741	0	2,378,717	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	28,560	4,610,670	0	11,228,881	50.00
51.00	05100	RECOVERY ROOM	2,652	2,652	474,023	0	667,242	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,979,676	0	2,508,215	52.00
53.00	05300	ANESTHESIOLOGY	180	180	511,969	0	1,061,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	3,021,060	0	4,225,443	54.00
56.00	05600	RADIOISOTOPE	1,953	1,953	281,927	0	648,090	56.00
56.01	03630	ULTRA SOUND	0	0	816,278	0	992,952	56.01
56.02	03440	MAMMOGRAPHY	4,513	4,513	743,803	0	1,070,726	56.02
57.00	05700	CT SCAN	1,850	1,850	653,713	0	912,276	57.00
58.00	05800	MRI	0	0	391,458	0	552,433	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	3,771	821,106	0	1,641,202	59.00
59.01	05901	GASTRO INTESTINAL	6,972	6,972	1,307,054	0	1,880,549	59.01
60.00	06000	LABORATORY	18,521	18,521	3,700,362	0	6,653,602	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	1,071	0	0	204,154	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	2,116	1,077,190	0	1,775,906	65.00
66.00	06600	PHYSICAL THERAPY	8,056	8,056	1,777,048	0	2,203,870	66.00
66.01	06601	TCU REHAB	1,444	1,444	0	0	15,432	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	878,477	0	1,022,446	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	1,316	450,340	0	556,733	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	685,726	0	852,027	69.00
69.01	06901	CARDIAC REHAB	7,336	7,336	152,180	0	266,837	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,527,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,594,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,480,151	73.00
74.00	07400	RENAL DIALYSIS	295	295	74,290	0	1,032,513	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	13,070	5,878,278	0	7,981,857	91.00
91.01	09101	FAMILY PRACTICES	12,904	12,904	3,177,221	0	4,211,921	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	5,268	224,473	0	334,359	91.02
91.03	09103	WOUND CARE	0	0	246,776	0	338,923	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	695,218	695,218	91,174,670	-80,627,519	153,016,644	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	980	0	0	10,474	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	71,617	71,617	20,000,113	0	31,226,386	192.00
194.00	07950	MARKETING	1,435	1,435	0	0	15,336	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	6,265	0	0	66,954	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	15,861	15,861	0	0	169,507	194.06
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)	1,152,939	7,304,507	1,474,542		80,627,519	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.456879	9.230135	0.013263		0.436993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		791,544	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004290	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	424,147					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	0	1,543,352			8.00
9.00	00900	HOUSEKEEPING	6,026	0	0	417,660		9.00
10.00	01000	DIETARY	17,495	0	13,769	17,495	246,085	10.00
11.00	01100	CAFETERIA	6,611	0	0	6,611	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	0	0	1,352	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	0	20,810	3,768	0	14.00
15.00	01500	PHARMACY	4,660	0	0	4,660	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	0	0	4,855	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	0	2,489	5,650	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	0	657,471	85,870	167,870	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	0	81,163	7,570	13,218	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	0	78,121	14,126	29,432	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	0	0	9,369	11,400	41.00
43.00	04300	NURSERY	3,411	0	0	3,411	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	0	57,317	6,932	24,165	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	0	66,366	28,560	0	50.00
51.00	05100	RECOVERY ROOM	2,652	0	23,874	2,652	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	0	51,250	7,486	0	52.00
53.00	05300	ANESTHESIOLOGY	180	0	6,701	180	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	0	105,304	20,499	0	54.00
56.00	05600	RADIOISOTOPE	1,953	0	0	1,953	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	4,513	0	23,262	4,513	0	56.02
57.00	05700	CT SCAN	1,850	0	0	1,850	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	0	18,286	3,771	0	59.00
59.01	05901	GASTRO INTESTINAL	6,972	0	67,902	6,972	0	59.01
60.00	06000	LABORATORY	18,521	0	0	18,521	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	0	0	1,071	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	0	0	2,116	0	65.00
66.00	06600	PHYSICAL THERAPY	8,056	0	19,731	8,056	0	66.00
66.01	06601	TCU REHAB	1,444	0	0	1,444	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	0	0	1,316	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,271	0	0	69.00
69.01	06901	CARDIAC HEHAB	7,336	0	885	7,336	0	69.01
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	451	0	0	73.00
74.00	07400	RENAL DIALYSIS	295	0	0	295	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	0	211,407	13,070	0	91.00
91.01	09101	FAMILY PRACTICES	12,904	0	2,883	12,904	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	0	0	5,268	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,989	0	1,513,713	321,502	246,085	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	0	0	980	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	71,617	0	29,639	71,617	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.00	07950	MARKETING	1,435	0	0	1,435	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	0	0	6,265	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	15,861	0	0	15,861	0	194.06
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)	11,609,508	0	1,406,939	6,116,883	7,060,865	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.371425	0.000000	0.911613	14.645604	28.692789	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,167,697	0	12,533	127,174	341,916	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.468394	0.000000	0.008121	0.304492	1.389422	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	103,486					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,012	0	36,341			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	930	0	0	7,635,262		14.00
15.00	01500	PHARMACY	2,914	0	154	18,278	7,263,113	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	220	0	17	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,306	0	0	180	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,488	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,214	0	15,731	181,092	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,300	0	2,974	66,679	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,184	0	1,599	4,251	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,231	0	687	10,985	0	41.00
43.00	04300	NURSERY	1,151	0	1,151	8,439	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,340	0	1,226	13,819	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,198	0	2,501	1,070,245	0	50.00
51.00	05100	RECOVERY ROOM	498	0	422	2,716	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,093	0	1,638	32,886	0	52.00
53.00	05300	ANESTHESIOLOGY	656	0	296	46,461	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,658	0	499	96,324	0	54.00
56.00	05600	RADIOISOTOPE	228	0	0	513	0	56.00
56.01	03630	ULTRA SOUND	774	0	0	4,622	0	56.01
56.02	03440	MAMMOGRAPHY	888	0	0	30,105	0	56.02
57.00	05700	CT SCAN	729	0	0	11,146	0	57.00
58.00	05800	MRI	433	0	0	1,802	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	748	0	461	80,295	0	59.00
59.01	05901	GASTRO INTESTINAL	1,614	0	806	90,910	0	59.01
60.00	06000	LABORATORY	458	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,395	0	0	2,693	0	65.00
66.00	06600	PHYSICAL THERAPY	1,831	0	0	9,631	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	856	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	419	0	0	1,106	0	68.00
69.00	06900	ELECTROCARDIOLOGY	680	0	151	1,500	0	69.00
69.01	06901	CARDIAC HEHAB	214	0	43	3,831	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,062,149	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	251,018	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,036,511	73.00
74.00	07400	RENAL DIALYSIS	62	0	61	1,096	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,083	0	4,907	133,552	0	91.00
91.01	09101	FAMILY PRACTICES	3,419	0	15	134,576	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	332	0	88	0	0	91.02
91.03	09103	WOUND CARE	312	0	230	6,645	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,868	0	35,657	7,379,545	7,036,511	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	13,618	0	684	255,717	226,602	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	379,299	0	2,338,174	1,042,865	5,091,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.665220	0.000000	64.339837	0.136585	0.701058	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	122,341	0	32,954	73,399	104,332	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.182199	0.000000	0.906799	0.009613	0.014365	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,473,773,049					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPROV	0	0			9,961	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,194,093	0	0	0	5,605	30.00
31.00	03100	INTENSIVE CARE UNIT	21,313,945	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,434,890	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,417,145	0	0	0	0	41.00
43.00	04300	NURSERY	4,703,971	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,105,691	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	140,357,502	0	0	0	422	50.00
51.00	05100	RECOVERY ROOM	23,633,441	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,536,399	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,160,214	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,106,558	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	9,492,655	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	28,059,275	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	22,038,028	0	0	0	0	56.02
57.00	05700	CT SCAN	141,107,522	0	0	0	0	57.00
58.00	05800	MRI	34,615,674	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,443,252	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	36,704,276	0	0	0	0	59.01
60.00	06000	LABORATORY	108,704,405	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,037,105	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	11,011,098	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,001,715	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	9,833,813	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,292,807	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,911,650	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	2,445,515	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,489,141	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,311,353	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,231,816	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	984,227	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	152,856,911	0	0	0	286	91.00
91.01	09101	FAMILY PRACTICES	1,301,407	0	0	0	3,648	91.01
91.02	09102	PSYCH DAY HOSPITAL	4,747,875	0	0	0	0	91.02
91.03	09103	WOUND CARE	1,636,402	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,397,221,771	0	0	0	9,961	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	76,551,278	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	280,450	0	0	0	9,345,478	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000190	0.000000	0.000000	0.000000	938.206807	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	90,120	0	0	0	37,630	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000061	0.000000	0.000000	0.000000	3.777733	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,961		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,605	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	422	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
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	286	0	91.00
91.01	09101	FAMILY PRACTICES	3,648	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,961	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00			23.00
			NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00	
191.00	19100	RESEARCH	0	0	191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00	
194.00	07950	MARKETING	0	0	194.00	
194.01	07951	MACNEAL SCHOOL	0	0	194.01	
194.02	07952	COMMUNITY RELATIONS	0	0	194.02	
194.03	07953	RETAIL PHARMACY	0	0	194.03	
194.04	07954	HOME DELIVERED MEALS	0	0	194.04	
194.05	07955	CATERED MEALS	0	0	194.05	
194.06	07956	VACANT SPACE	0	0	194.06	
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)	6,369,335	0	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	639.427266	0.000000	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	126,702	0	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	12.719807	0.000000	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	45,000,808		45,000,808		0	45,000,808	30.00
31.00	03100	INTENSIVE CARE UNIT	7,411,073		7,411,073		11,101	7,422,174	31.00
40.00	04000	SUBPROVIDER - IPF	4,655,426		4,655,426		43,113	4,698,539	40.00
41.00	04100	SUBPROVIDER - IRF	2,648,999		2,648,999		6,088	2,655,087	41.00
43.00	04300	NURSERY	3,191,895		3,191,895		0	3,191,895	43.00
44.00	04400	SKILLED NURSING FACILITY	4,545,579		4,545,579		0	4,545,579	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,749,142		17,749,142		0	17,749,142	50.00
51.00	05100	RECOVERY ROOM	1,125,852		1,125,852		0	1,125,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,086,050		4,086,050		0	4,086,050	52.00
53.00	05300	ANESTHESIOLOGY	1,576,203		1,576,203		0	1,576,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,101,224		7,101,224		0	7,101,224	54.00
56.00	05600	RADIOISOTOPE	1,016,070		1,016,070		0	1,016,070	56.00
56.01	03630	ULTRA SOUND	1,435,664		1,435,664		0	1,435,664	56.01
56.02	03440	MAMMOGRAPHY	1,761,009		1,761,009		0	1,761,009	56.02
57.00	05700	CT SCAN	1,419,669		1,419,669		0	1,419,669	57.00
58.00	05800	MRI	802,252		802,252		0	802,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,584,377		2,584,377		8,592	2,592,969	59.00
59.01	05901	GASTRO INTESTINAL	3,134,344		3,134,344		0	3,134,344	59.01
60.00	06000	LABORATORY	10,361,709		10,361,709		0	10,361,709	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0		0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	338,945		338,945		0	338,945	63.00
65.00	06500	RESPIRATORY THERAPY	2,648,445	0	2,648,445		0	2,648,445	65.00
66.00	06600	PHYSICAL THERAPY	3,535,058	0	3,535,058		0	3,535,058	66.00
66.01	06601	TCU REHAB	82,848	0	82,848		0	82,848	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,474,253	0	1,474,253		0	1,474,253	67.00
68.00	06800	SPEECH PATHOLOGY	857,629	0	857,629		0	857,629	68.00
69.00	06900	ELECTROCARDIOLOGY	1,246,155		1,246,155		0	1,246,155	69.00
69.01	06901	CARDIAC HEHAB	697,026		697,026		0	697,026	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,074,792		10,074,792		0	10,074,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,955,561		10,955,561		0	10,955,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,333,219		24,333,219		0	24,333,219	73.00
74.00	07400	RENAL DIALYSIS	1,500,598		1,500,598		0	1,500,598	74.00
76.97	07697	CARDIAC REHABILITATION	0		0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0		0	0	76.98
76.99	07699	LITHOTRIPSY	0		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	12,604,383		12,604,383		0	12,604,383	91.00
91.01	09101	FAMILY PRACTICES	6,629,441		6,629,441		0	6,629,441	91.01
91.02	09102	PSYCH DAY HOSPITAL	709,599		709,599		3,149	712,748	91.02
91.03	09103	WOUND CARE	504,191		504,191		0	504,191	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,674,889		4,674,889		0	4,674,889	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0		0	0	93.99
200.00		Subtotal (see instructions)	204,474,377	0	204,474,377		72,043	204,546,420	200.00
201.00		Less Observation Beds	4,674,889		4,674,889		0	4,674,889	201.00
202.00		Total (see instructions)	199,799,488	0	199,799,488		72,043	199,871,531	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	126,940,672		126,940,672		30.00
31.00	03100	INTENSIVE CARE UNIT	21,266,854		21,266,854		31.00
40.00	04000	SUBPROVIDER - IPF	14,434,890		14,434,890		40.00
41.00	04100	SUBPROVIDER - IRF	7,417,064		7,417,064		41.00
43.00	04300	NURSERY	4,703,971		4,703,971		43.00
44.00	04400	SKILLED NURSING FACILITY	6,102,622		6,102,622		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,163,368	83,194,134	140,357,502	0.126457	0.000000
51.00	05100	RECOVERY ROOM	7,612,673	16,020,768	23,633,441	0.047638	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,702,317	1,834,082	15,536,399	0.262999	0.000000
53.00	05300	ANESTHESIOLOGY	18,483,346	31,676,868	50,160,214	0.031423	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,871,029	57,235,529	70,106,558	0.101292	0.000000
56.00	05600	RADIOISOTOPE	2,314,886	7,177,769	9,492,655	0.107037	0.000000
56.01	03630	ULTRA SOUND	5,132,812	22,926,463	28,059,275	0.051165	0.000000
56.02	03440	MAMMOGRAPHY	13,493	22,024,535	22,038,028	0.079908	0.000000
57.00	05700	CT SCAN	46,223,782	94,883,740	141,107,522	0.010061	0.000000
58.00	05800	MRI	7,742,026	26,873,648	34,615,674	0.023176	0.000000
59.00	05900	CARDIAC CATHETERIZATION	20,911,245	18,532,007	39,443,252	0.065521	0.000000
59.01	05901	GASTRO INTESTINAL	7,271,299	29,432,977	36,704,276	0.085395	0.000000
60.00	06000	LABORATORY	54,534,773	54,169,631	108,704,404	0.095320	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,358,497	678,608	3,037,105	0.111601	0.000000
65.00	06500	RESPIRATORY THERAPY	10,241,149	769,949	11,011,098	0.240525	0.000000
66.00	06600	PHYSICAL THERAPY	10,251,384	8,750,330	19,001,714	0.186039	0.000000
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,021,156	812,657	9,833,813	0.149917	0.000000
68.00	06800	SPEECH PATHOLOGY	2,501,446	791,361	3,292,807	0.260455	0.000000
69.00	06900	ELECTROCARDIOLOGY	12,147,598	16,764,052	28,911,650	0.043102	0.000000
69.01	06901	CARDIAC HEHAB	0	2,445,515	2,445,515	0.285022	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,195,498	10,293,644	18,489,142	0.544903	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,706,711	13,604,642	40,311,353	0.271774	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	41,602,821	110,628,995	152,231,816	0.159843	0.000000
74.00	07400	RENAL DIALYSIS	872,728	111,499	984,227	1.524646	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	37,704,137	115,152,774	152,856,911	0.082459	0.000000
91.01	09101	FAMILY PRACTICES	3,621	1,297,786	1,301,407	5.094057	0.000000
91.02	09102	PSYCH DAY HOSPITAL	27,239	4,720,636	4,747,875	0.149456	0.000000
91.03	09103	WOUND CARE	13,102	1,623,300	1,636,402	0.308109	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,664,263	18,730,484	31,394,747	0.148907	0.000000
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000
200.00		Subtotal (see instructions)	609,154,472	773,158,383	1,382,312,855		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	609,154,472	773,158,383	1,382,312,855		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.126457			50.00
51.00	05100	RECOVERY ROOM	0.047638			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.262999			52.00
53.00	05300	ANESTHESIOLOGY	0.031423			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101292			54.00
56.00	05600	RADIOISOTOPE	0.107037			56.00
56.01	03630	ULTRA SOUND	0.051165			56.01
56.02	03440	MAMMOGRAPHY	0.079908			56.02
57.00	05700	CT SCAN	0.010061			57.00
58.00	05800	MRI	0.023176			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065739			59.00
59.01	05901	GASTRO INTESTINAL	0.085395			59.01
60.00	06000	LABORATORY	0.095320			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.111601			63.00
65.00	06500	RESPIRATORY THERAPY	0.240525			65.00
66.00	06600	PHYSICAL THERAPY	0.186039			66.00
66.01	06601	TCU REHAB	0.000000			66.01
67.00	06700	OCCUPATIONAL THERAPY	0.149917			67.00
68.00	06800	SPEECH PATHOLOGY	0.260455			68.00
69.00	06900	ELECTROCARDIOLOGY	0.043102			69.00
69.01	06901	CARDIAC HEHAB	0.285022			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271774			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159843			73.00
74.00	07400	RENAL DIALYSIS	1.524646			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.082459			91.00
91.01	09101	FAMILY PRACTICES	5.094057			91.01
91.02	09102	PSYCH DAY HOSPITAL	0.150119			91.02
91.03	09103	WOUND CARE	0.308109			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.148907			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	53,843,448		53,843,448	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,411,073		7,411,073	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	4,655,426		4,655,426	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	2,648,999		2,648,999	0	0	41.00	
43.00	04300	NURSERY	3,191,895		3,191,895	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	4,545,579		4,545,579	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,414,903		18,414,903	0	0	50.00	
51.00	05100	RECOVERY ROOM	1,125,852		1,125,852	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,086,050		4,086,050	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	1,576,203		1,576,203	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,101,224		7,101,224	0	0	54.00	
56.00	05600	RADIOISOTOPE	1,016,070		1,016,070	0	0	56.00	
56.01	03630	ULTRA SOUND	1,435,664		1,435,664	0	0	56.01	
56.02	03440	MAMMOGRAPHY	1,761,009		1,761,009	0	0	56.02	
57.00	05700	CT SCAN	1,419,669		1,419,669	0	0	57.00	
58.00	05800	MRI	802,252		802,252	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,584,377		2,584,377	0	0	59.00	
59.01	05901	GASTRO INTESTINAL	3,134,344		3,134,344	0	0	59.01	
60.00	06000	LABORATORY	10,361,709		10,361,709	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	338,945		338,945	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	2,648,445	0	2,648,445	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	3,535,058	0	3,535,058	0	0	66.00	
66.01	06601	TCU REHAB	82,848	0	82,848	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	1,474,253	0	1,474,253	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	857,629	0	857,629	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,246,155		1,246,155	0	0	69.00	
69.01	06901	CARDIAC HEHAB	697,026		697,026	0	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,074,792		10,074,792	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,955,561		10,955,561	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,333,219		24,333,219	0	0	73.00	
74.00	07400	RENAL DIALYSIS	1,500,598		1,500,598	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	13,055,586		13,055,586	0	0	91.00	
91.01	09101	FAMILY PRACTICES	12,384,650		12,384,650	0	0	91.01	
91.02	09102	PSYCH DAY HOSPITAL	709,599		709,599	0	0	91.02	
91.03	09103	WOUND CARE	504,191		504,191	0	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99	
200.00		Subtotal (see instructions)	215,514,301	0	215,514,301	0	0	200.00	
201.00		Less Observation Beds	0		0	0	0	201.00	
202.00		Total (see instructions)	215,514,301	0	215,514,301	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0.000000	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0.000000	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0.000000	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0.000000	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0.000000	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
56.02	03440	MAMMOGRAPHY	0.000000			56.02
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
59.01	05901	GASTRO INTESTINAL	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
66.01	06601	TCU REHAB	0.000000			66.01
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
69.01	06901	CARDIAC HEHAB	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	FAMILY PRACTICES	0.000000			91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000			91.02
91.03	09103	WOUND CARE	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,985,438	0	1,985,438	47,678	41.64	30.00
31.00	INTENSIVE CARE UNIT	186,481		186,481	3,592	51.92	31.00
40.00	SUBPROVIDER - IPF	317,469	0	317,469	6,536	48.57	40.00
41.00	SUBPROVIDER - IRF	197,027	0	197,027	2,538	77.63	41.00
43.00	NURSERY	74,601		74,601	2,374	31.42	43.00
44.00	SKILLED NURSING FACILITY	176,592		176,592	6,355	27.79	44.00
200.00	Total (lines 30 through 199)	2,937,608		2,937,608	69,073		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	10,032	417,732				30.00
31.00	INTENSIVE CARE UNIT	1,125	58,410				31.00
40.00	SUBPROVIDER - IPF	1,915	93,012				40.00
41.00	SUBPROVIDER - IRF	1,168	90,672				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	3,189	88,622				44.00
200.00	Total (lines 30 through 199)	17,429	748,448				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part II Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	603,188	140,357,502	0.004298	13,696,952	58,869	50.00	
51.00	05100	RECOVERY ROOM	54,452	23,633,441	0.002304	1,765,174	4,067	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,589	15,536,399	0.009950	27,909	278	52.00	
53.00	05300	ANESTHESIOLOGY	12,480	50,160,214	0.000249	4,170,703	1,039	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,372	70,106,558	0.005811	4,249,187	24,692	54.00	
56.00	05600	RADIOISOTOPE	39,686	9,492,655	0.004181	843,983	3,529	56.00	
56.01	03630	ULTRA SOUND	6,931	28,059,275	0.000247	1,426,207	352	56.01	
56.02	03440	MAMMOGRAPHY	90,775	22,038,028	0.004119	2,333	10	56.02	
57.00	05700	CT SCAN	47,642	141,107,522	0.000338	14,569,758	4,925	57.00	
58.00	05800	MRI	5,011	34,615,674	0.000145	2,088,943	303	58.00	
59.00	05900	CARDIAC CATHETERIZATION	81,282	39,443,252	0.002061	7,903,050	16,288	59.00	
59.01	05901	GASTRO INTESTINAL	143,074	36,704,276	0.003898	2,166,596	8,445	59.01	
60.00	06000	LABORATORY	377,611	108,704,404	0.003474	13,135,315	45,632	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	20,831	3,037,105	0.006859	566,146	3,883	63.00	
65.00	06500	RESPIRATORY THERAPY	49,027	11,011,098	0.004453	2,839,236	12,643	65.00	
66.00	06600	PHYSICAL THERAPY	161,745	19,001,714	0.008512	1,987,174	16,915	66.00	
66.01	06601	TCU REHAB	26,722	0	0.000000	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	5,998	9,833,813	0.000610	1,649,504	1,006	67.00	
68.00	06800	SPEECH PATHOLOGY	27,388	3,292,807	0.008318	571,998	4,758	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,409	28,911,650	0.000222	4,075,856	905	69.00	
69.01	06901	CARDIAC REHAB	137,052	2,445,515	0.056042	0	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,793	18,489,142	0.004207	2,703,044	11,372	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,454	40,311,353	0.000929	9,318,909	8,657	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	168,197	152,231,816	0.001105	12,627,103	13,953	73.00	
74.00	07400	RENAL DIALYSIS	10,074	984,227	0.010235	504,964	5,168	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	301,844	152,856,911	0.001975	10,985,665	21,697	91.00	
91.01	09101	FAMILY PRACTICES	261,728	1,301,407	0.201112	2,496	502	91.01	
91.02	09102	PSYCH DAY HOSPITAL	99,442	4,747,875	0.020945	0	0	91.02	
91.03	09103	WOUND CARE	2,196	1,636,402	0.001342	2,094	3	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	206,256	31,394,747	0.006570	3,767,792	24,754	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99	
200.00		Total (lines 50 through 199)	3,624,249	1,201,446,782		117,648,091	294,645	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/29/2021 12:36 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	47,678	0.00	10,032	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	3,592	0.00	1,125	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	6,536	0.00	1,915	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	2,538	0.00	1,168	41.00			
43.00	04300	NURSERY	0	0	2,374	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	6,355	0.00	3,189	44.00			
200.00		Total (lines 30 through 199)	0	0	69,073		17,429	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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	140,357,502	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	23,633,441	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,536,399	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50,160,214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	70,106,558	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	9,492,655	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	28,059,275	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	22,038,028	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	141,107,522	0.000000	57.00
58.00	05800	MRI	0	0	0	34,615,674	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,443,252	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	36,704,276	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	108,704,404	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,037,105	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,011,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,001,714	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,833,813	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,292,807	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,911,650	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	2,445,515	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,489,142	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,311,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	152,231,816	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	984,227	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	152,856,911	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	1,301,407	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	4,747,875	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	1,636,402	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	31,394,747	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	1,201,446,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 12:36 pm

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	13,696,952	0	11,217,398	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,765,174	0	2,077,799	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	27,909	0	14,357	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	4,170,703	0	5,489,909	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,249,187	0	6,958,365	0	54.00	
56.00	05600 RADIOISOTOPE	0.000000	843,983	0	1,383,847	0	56.00	
56.01	03630 ULTRA SOUND	0.000000	1,426,207	0	1,772,108	0	56.01	
56.02	03440 MAMMOGRAPHY	0.000000	2,333	0	592,653	0	56.02	
57.00	05700 CT SCAN	0.000000	14,569,758	0	14,246,788	0	57.00	
58.00	05800 MRI	0.000000	2,088,943	0	4,408,196	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,903,050	0	6,286,372	0	59.00	
59.01	05901 GASTRO INTESTINAL	0.000000	2,166,596	0	5,173,322	0	59.01	
60.00	06000 LABORATORY	0.000000	13,135,315	0	5,300,950	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	566,146	0	64,481	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,839,236	0	148,218	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,987,174	0	6,141	0	66.00	
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,649,504	0	4,014	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	571,998	0	62,864	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,075,856	0	2,341,624	0	69.00	
69.01	06901 CARDIAC HEHAB	0.000000	0	0	810,126	0	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,703,044	0	2,818,767	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,318,909	0	4,067,404	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,627,103	0	34,905,957	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	504,964	0	66,802	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	10,985,665	0	9,082,615	0	91.00	
91.01	09101 FAMILY PRACTICES	0.000000	2,496	0	488,202	0	91.01	
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	10,565	0	91.02	
91.03	09103 WOUND CARE	0.000000	2,094	0	416,798	0	91.03	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,767,792	0	3,144,392	0	92.00	
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00	Total (lines 50 through 199)		117,648,091	0	123,361,034	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
1/29/2021 12:36 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.126457	11,217,398	0	0	1,418,518	50.00	
51.00	05100	RECOVERY ROOM	0.047638	2,077,799	0	0	98,982	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.262999	14,357	0	0	3,776	52.00	
53.00	05300	ANESTHESIOLOGY	0.031423	5,489,909	0	0	172,509	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101292	6,958,365	0	0	704,827	54.00	
56.00	05600	RADIOISOTOPE	0.107037	1,383,847	0	0	148,123	56.00	
56.01	03630	ULTRA SOUND	0.051165	1,772,108	0	0	90,670	56.01	
56.02	03440	MAMMOGRAPHY	0.079908	592,653	0	0	47,358	56.02	
57.00	05700	CT SCAN	0.010061	14,246,788	0	0	143,337	57.00	
58.00	05800	MRI	0.023176	4,408,196	0	0	102,164	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.065521	6,286,372	0	0	411,889	59.00	
59.01	05901	GASTRO INTESTINAL	0.085395	5,173,322	0	0	441,776	59.01	
60.00	06000	LABORATORY	0.095320	5,300,950	0	0	505,287	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.111601	64,481	0	0	7,196	63.00	
65.00	06500	RESPIRATORY THERAPY	0.240525	148,218	0	0	35,650	65.00	
66.00	06600	PHYSICAL THERAPY	0.186039	6,141	0	0	1,142	66.00	
66.01	06601	TCU REHAB	0.000000	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.149917	4,014	0	0	602	67.00	
68.00	06800	SPEECH PATHOLOGY	0.260455	62,864	0	0	16,373	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.043102	2,341,624	0	0	100,929	69.00	
69.01	06901	CARDIAC HEHAB	0.285022	810,126	0	0	230,904	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	2,818,767	0	0	1,535,955	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271774	4,067,404	0	0	1,105,415	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159843	34,905,957	236	22,160	5,579,473	73.00	
74.00	07400	RENAL DIALYSIS	1.524646	66,802	0	0	101,849	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.082459	9,082,615	0	236	748,943	91.00	
91.01	09101	FAMILY PRACTICES	5.094057	488,202	0	37	2,486,929	91.01	
91.02	09102	PSYCH DAY HOSPITAL	0.149456	10,565	0	0	1,579	91.02	
91.03	09103	WOUND CARE	0.308109	416,798	0	0	128,419	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.148907	3,144,392	0	0	468,222	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00		Subtotal (see instructions)		123,361,034	236	22,433	16,838,796	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		123,361,034	236	22,433	16,838,796	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
56.02	03440	MAMMOGRAPHY	0	0					56.02
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
59.01	05901	GASTRO INTESTINAL	0	0					59.01
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
66.01	06601	TCU REHAB	0	0					66.01
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
69.01	06901	CARDIAC EHAB	0	0					69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38	3,542					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	19					91.00
91.01	09101	FAMILY PRACTICES	0	188					91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0					91.02
91.03	09103	WOUND CARE	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	38	3,749					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	38	3,749					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/29/2021 12:36 pm		
				Component CCN: 14-S054				
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	603,188	140,357,502	0.004298	77	0	50.00
51.00	05100	RECOVERY ROOM	54,452	23,633,441	0.002304	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,589	15,536,399	0.009950	106	1	52.00
53.00	05300	ANESTHESIOLOGY	12,480	50,160,214	0.000249	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,372	70,106,558	0.005811	19,136	111	54.00
56.00	05600	RADIOISOTOPE	39,686	9,492,655	0.004181	9,930	42	56.00
56.01	03630	ULTRA SOUND	6,931	28,059,275	0.000247	5,514	1	56.01
56.02	03440	MAMMOGRAPHY	90,775	22,038,028	0.004119	3	0	56.02
57.00	05700	CT SCAN	47,642	141,107,522	0.000338	117,927	40	57.00
58.00	05800	MRI	5,011	34,615,674	0.000145	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,282	39,443,252	0.002061	3,756	8	59.00
59.01	05901	GASTRO INTESTINAL	143,074	36,704,276	0.003898	47	0	59.01
60.00	06000	LABORATORY	377,611	108,704,404	0.003474	478,376	1,662	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	20,831	3,037,105	0.006859	10,731	74	63.00
65.00	06500	RESPIRATORY THERAPY	49,027	11,011,098	0.004453	55,582	248	65.00
66.00	06600	PHYSICAL THERAPY	161,745	19,001,714	0.008512	32,908	280	66.00
66.01	06601	TCU REHAB	26,722	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,998	9,833,813	0.000610	18,311	11	67.00
68.00	06800	SPEECH PATHOLOGY	27,388	3,292,807	0.008318	5,248	44	68.00
69.00	06900	ELECTROCARDIOLOGY	6,409	28,911,650	0.000222	74,577	17	69.00
69.01	06901	CARDIAC HEHAB	137,052	2,445,515	0.056042	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,793	18,489,142	0.004207	3,203	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,454	40,311,353	0.000929	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,197	152,231,816	0.001105	334,768	370	73.00
74.00	07400	RENAL DIALYSIS	10,074	984,227	0.010235	1,902	19	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	301,844	152,856,911	0.001975	363,839	719	91.00
91.01	09101	FAMILY PRACTICES	261,728	1,301,407	0.201112	24	5	91.01
91.02	09102	PSYCH DAY HOSPITAL	99,442	4,747,875	0.020945	27,239	571	91.02
91.03	09103	WOUND CARE	2,196	1,636,402	0.001342	11	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31,394,747	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	3,417,993	1,201,446,782		1,563,215	4,236	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB		0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB		0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0	91.02
91.03	09103	WOUND CARE		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IPF		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	140,357,502	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	23,633,441	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	15,536,399	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	50,160,214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	70,106,558	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	9,492,655	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	28,059,275	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	22,038,028	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	141,107,522	0.000000	57.00
58.00	05800	MRI		0	0	0	34,615,674	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	39,443,252	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	36,704,276	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	108,704,404	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,037,105	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,011,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,001,714	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,833,813	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,292,807	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	28,911,650	0.000000	69.00
69.01	06901	CARDIAC REHAB		0	0	0	2,445,515	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	18,489,142	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	40,311,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	152,231,816	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	984,227	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	152,856,911	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	1,301,407	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	4,747,875	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,636,402	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	31,394,747	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,201,446,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	77	0	1	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	106	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	78	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	19,136	0	1,631	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	9,930	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	5,514	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	3	0	106	0	56.02
57.00	05700	CT SCAN		0.000000	117,927	0	1	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	3,756	0	83	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	47	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	478,376	0	506	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	10,731	0	6	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	55,582	0	3	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	32,908	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	18,311	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	5,248	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	74,577	0	6,960	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	3,203	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	334,768	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	1,902	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	363,839	0	158	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	24	0	2	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	27,239	0	124,448	0	91.02
91.03	09103	WOUND CARE		0.000000	11	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			1,563,215	0	133,983	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-S054

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/29/2021 12:36 pm

Title XVIII

Subprovider -

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	0.126457	1	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.047638	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.262999	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.031423	78	0	0	2 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101292	1,631	0	0	165 54.00
56.00	05600 RADIOISOTOPE	0.107037	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0.051165	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0.079908	106	0	0	8 56.02
57.00	05700 CT SCAN	0.010061	1	0	0	0 57.00
58.00	05800 MRI	0.023176	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065521	83	0	0	5 59.00
59.01	05901 GASTRO INTESTINAL	0.085395	0	0	0	0 59.01
60.00	06000 LABORATORY	0.095320	506	0	0	48 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.111601	6	0	0	1 63.00
65.00	06500 RESPIRATORY THERAPY	0.240525	3	0	0	1 65.00
66.00	06600 PHYSICAL THERAPY	0.186039	0	0	0	0 66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.149917	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.260455	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.043102	6,960	0	0	300 69.00
69.01	06901 CARDIAC HEHAB	0.285022	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271774	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159843	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	1.524646	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.082459	158	0	0	13 91.00
91.01	09101 FAMILY PRACTICES	5.094057	2	0	0	10 91.01
91.02	09102 PSYCH DAY HOSPITAL	0.149456	124,448	0	0	18,600 91.02
91.03	09103 WOUND CARE	0.308109	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.148907	0	0	0	0 92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0 93.99
200.00	Subtotal (see instructions)		133,983	0	0	19,153 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		133,983	0	0	19,153 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/29/2021 12:36 pm		
			Title XVIII		Subprovider - IPF		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
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
56.02	03440	MAMMOGRAPHY	0	0					56.02
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
59.01	05901	GASTRO INTESTINAL	0	0					59.01
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
66.01	06601	TCU REHAB	0	0					66.01
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
69.01	06901	CARDIAC HEHAB	0	0					69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	FAMILY PRACTICES	0	0					91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0					91.02
91.03	09103	WOUND CARE	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/29/2021 12:36 pm		
				Component CCN: 14-T054				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	603,188	140,357,502	0.004298	16,544	71	50.00
51.00	05100	RECOVERY ROOM	54,452	23,633,441	0.002304	4,563	11	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,589	15,536,399	0.009950	28	0	52.00
53.00	05300	ANESTHESIOLOGY	12,480	50,160,214	0.000249	6,974	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,372	70,106,558	0.005811	23,472	136	54.00
56.00	05600	RADIOISOTOPE	39,686	9,492,655	0.004181	2,856	12	56.00
56.01	03630	ULTRA SOUND	6,931	28,059,275	0.000247	10,315	3	56.01
56.02	03440	MAMMOGRAPHY	90,775	22,038,028	0.004119	3	0	56.02
57.00	05700	CT SCAN	47,642	141,107,522	0.000338	37,729	13	57.00
58.00	05800	MRI	5,011	34,615,674	0.000145	22,917	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,282	39,443,252	0.002061	7,400	15	59.00
59.01	05901	GASTRO INTESTINAL	143,074	36,704,276	0.003898	3,987	16	59.01
60.00	06000	LABORATORY	377,611	108,704,404	0.003474	92,615	322	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	20,831	3,037,105	0.006859	3,065	21	63.00
65.00	06500	RESPIRATORY THERAPY	49,027	11,011,098	0.004453	27,907	124	65.00
66.00	06600	PHYSICAL THERAPY	161,745	19,001,714	0.008512	925,400	7,877	66.00
66.01	06601	TCU REHAB	26,722	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,998	9,833,813	0.000610	913,597	557	67.00
68.00	06800	SPEECH PATHOLOGY	27,388	3,292,807	0.008318	291,398	2,424	68.00
69.00	06900	ELECTROCARDIOLOGY	6,409	28,911,650	0.000222	10,803	2	69.00
69.01	06901	CARDIAC HEHAB	137,052	2,445,515	0.056042	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,793	18,489,142	0.004207	1,411	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,454	40,311,353	0.000929	1,363	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,197	152,231,816	0.001105	157,714	174	73.00
74.00	07400	RENAL DIALYSIS	10,074	984,227	0.010235	27,719	284	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	301,844	152,856,911	0.001975	4,125	8	91.00
91.01	09101	FAMILY PRACTICES	261,728	1,301,407	0.201112	3	1	91.01
91.02	09102	PSYCH DAY HOSPITAL	99,442	4,747,875	0.020945	0	0	91.02
91.03	09103	WOUND CARE	2,196	1,636,402	0.001342	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31,394,747	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	3,417,993	1,201,446,782		2,593,908	12,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB		0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB		0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0	91.02
91.03	09103	WOUND CARE		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-T054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	140,357,502	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	23,633,441	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	15,536,399	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	50,160,214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	70,106,558	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	9,492,655	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	28,059,275	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	22,038,028	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	141,107,522	0.000000	57.00
58.00	05800	MRI		0	0	0	34,615,674	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	39,443,252	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	36,704,276	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	108,704,404	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,037,105	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,011,098	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	19,001,714	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,833,813	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,292,807	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	28,911,650	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	2,445,515	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	18,489,142	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	40,311,353	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	152,231,816	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	984,227	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	152,856,911	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	1,301,407	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	4,747,875	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,636,402	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	31,394,747	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,201,446,782		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		16,544	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		4,563	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		28	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		6,974	0	26	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		23,472	0	526	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		2,856	0	0	0	56.00
56.01	03630	ULTRA SOUND	0.000000		10,315	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0.000000		3	0	35	0	56.02
57.00	05700	CT SCAN	0.000000		37,729	0	0	0	57.00
58.00	05800	MRI	0.000000		22,917	0	5,522	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		7,400	0	26	0	59.00
59.01	05901	GASTRO INTESTINAL	0.000000		3,987	0	0	0	59.01
60.00	06000	LABORATORY	0.000000		92,615	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		3,065	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		27,907	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		925,400	0	0	0	66.00
66.01	06601	TCU REHAB	0.000000		0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		913,597	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		291,398	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		10,803	0	526	0	69.00
69.01	06901	CARDIAC HEHAB	0.000000		0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		1,411	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		1,363	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		157,714	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		27,719	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		4,125	0	8	0	91.00
91.01	09101	FAMILY PRACTICES	0.000000		3	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000		0	0	0	0	91.02
91.03	09103	WOUND CARE	0.000000		0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		0	0	0	0	93.99
200.00		Total (lines 50 through 199)			2,593,908	0	6,669	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-T054

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/29/2021 12:36 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.126457	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.047638	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.262999	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.031423	26	0	0	1 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101292	526	0	0	53 54.00
56.00	05600 RADIOISOTOPE	0.107037	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0.051165	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0.079908	35	0	0	3 56.02
57.00	05700 CT SCAN	0.010061	0	0	0	0 57.00
58.00	05800 MRI	0.023176	5,522	0	0	128 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065521	26	0	0	2 59.00
59.01	05901 GASTRO INTESTINAL	0.085395	0	0	0	0 59.01
60.00	06000 LABORATORY	0.095320	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.111601	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.240525	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.186039	0	0	0	0 66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.149917	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.260455	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.043102	526	0	0	23 69.00
69.01	06901 CARDIAC HEHAB	0.285022	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271774	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159843	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	1.524646	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.082459	8	0	0	1 91.00
91.01	09101 FAMILY PRACTICES	5.094057	0	0	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	0.149456	0	0	0	0 91.02
91.03	09103 WOUND CARE	0.308109	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.148907	0	0	0	0 92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0 93.99
200.00	Subtotal (see instructions)		6,669	0	0	211 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		6,669	0	0	211 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-T054

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
1/29/2021 12:36 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	66.01
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
69.01	06901	CARDIAC EHAB	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

			Title XIX		Hospital	Cost	
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	1,985,438	0	1,985,438	47,678	41.64	30.00
31.00	INTENSIVE CARE UNIT	186,481		186,481	3,592	51.92	31.00
40.00	SUBPROVIDER - IPF	317,469	0	317,469	6,536	48.57	40.00
41.00	SUBPROVIDER - IRF	197,027	0	197,027	2,538	77.63	41.00
43.00	NURSERY	74,601		74,601	2,374	31.42	43.00
44.00	SKILLED NURSING FACILITY	176,592		176,592	6,355	27.79	44.00
200.00	Total (lines 30 through 199)	2,937,608		2,937,608	69,073		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	5,107	212,655				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	377	29,267				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	17	472				44.00
200.00	Total (lines 30 through 199)	5,501	242,394				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	603,188	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	54,452	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,589	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	12,480	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	407,372	0	0.000000	0	54.00
56.00	05600	RADIOISOTOPE	39,686	0	0.000000	0	56.00
56.01	03630	ULTRA SOUND	6,931	0	0.000000	0	56.01
56.02	03440	MAMMOGRAPHY	90,775	0	0.000000	0	56.02
57.00	05700	CT SCAN	47,642	0	0.000000	0	57.00
58.00	05800	MRI	5,011	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	81,282	0	0.000000	0	59.00
59.01	05901	GASTRO INTESTINAL	143,074	0	0.000000	0	59.01
60.00	06000	LABORATORY	377,611	0	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	20,831	0	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	49,027	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	161,745	0	0.000000	0	66.00
66.01	06601	TCU REHAB	26,722	0	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,998	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,388	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,409	0	0.000000	0	69.00
69.01	06901	CARDIAC HEHAB	137,052	0	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,793	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,454	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,197	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	10,074	0	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	301,844	0	0.000000	0	91.00
91.01	09101	FAMILY PRACTICES	261,728	0	0.000000	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	99,442	0	0.000000	0	91.02
91.03	09103	WOUND CARE	2,196	0	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	93.99
200.00		Total (lines 50 through 199)	3,417,993	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 1/29/2021 12:36 pm		
					Title XIX		Hospital		Cost		
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		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	47,678	0.00		5,107		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,592	0.00		0		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	6,536	0.00		0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,538	0.00		377		41.00	
43.00	04300	NURSERY	0	0	2,374	0.00		0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	6,355	0.00		17		44.00	
200.00		Total (lines 30 through 199)	0	0	69,073			5,501		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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 12:36 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description			Title XIX		Hospital		Cost	
			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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0.000000	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0.000000	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02
91.03	09103	WOUND CARE	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 12:36 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,678	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,678	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)	42,725	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)	10,032	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)	45,000,808	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)	45,000,808	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)	45,000,808	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)	943.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	9,468,703	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	9,468,703	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,422,174	3,592	2,066.31	1,125	2,324,599
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
1/29/2021 12:36 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,985,438	45,000,808	0.044120	4,674,889	206,256	90.00
91.00	Nursing School cost	0	45,000,808	0.000000	4,674,889	0	91.00
92.00	Allied health cost	0	45,000,808	0.000000	4,674,889	0	92.00
93.00	All other Medical Education	0	45,000,808	0.000000	4,674,889	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IPF	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)		6,536	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,536	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)		6,536	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)		1,915	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)		4,698,539	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)		4,698,539	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)		4,698,539	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)		718.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,376,636	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)		1,376,636	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					170,743
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,547,379
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					93,012
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,236
52.00 Total Program excludable cost (sum of lines 50 and 51)					97,248
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,450,131
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII		Subprovider - IPF		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	317,469	4,698,539	0.067568	0	0	90.00
91.00	Nursing School cost	0	4,698,539	0.000000	0	0	91.00
92.00	Allied health cost	0	4,698,539	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,698,539	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,538	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)		2,538	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)		1,168	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,655,087	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)		2,655,087	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)		2,655,087	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)		1,046.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,221,880	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)		1,221,880	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					477,817
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,699,697
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					90,672
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,083
52.00 Total Program excludable cost (sum of lines 50 and 51)					102,755
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,596,942
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	197,027	2,655,087	0.074207	0	0	90.00
91.00	Nursing School cost	0	2,655,087	0.000000	0	0	91.00
92.00	Allied health cost	0	2,655,087	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,655,087	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
		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)		6,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,355	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)		6,355	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)		3,189	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)		4,545,579	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)		4,545,579	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)		4,545,579	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: 14-0054 Component CCN: 14-5848	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 12:36 pm
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					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)				4,545,579	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				715.28	71.00
72.00 Program routine service cost (line 9 x line 71)				2,281,028	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)				2,281,028	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)				2,281,028	83.00
84.00 Program inpatient ancillary services (see instructions)				823,851	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)				3,104,879	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: 14-0054
 Component CCN: 14-5848

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

 Worksheet D-1
 Date/Time Prepared:
 1/29/2021 12:36 pm

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: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 12:36 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		38,358,070	30.00
31.00	03100	INTENSIVE CARE UNIT		6,323,319	31.00
40.00	04000	SUBPROVIDER - IPF		18,377	40.00
41.00	04100	SUBPROVIDER - IRF		24,624	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126457	13,696,952	50.00
51.00	05100	RECOVERY ROOM	0.047638	1,765,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.262999	27,909	52.00
53.00	05300	ANESTHESIOLOGY	0.031423	4,170,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101292	4,249,187	54.00
56.00	05600	RADIOISOTOPE	0.107037	843,983	56.00
56.01	03630	ULTRA SOUND	0.051165	1,426,207	56.01
56.02	03440	MAMMOGRAPHY	0.079908	2,333	56.02
57.00	05700	CT SCAN	0.010061	14,569,758	57.00
58.00	05800	MRI	0.023176	2,088,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065739	7,903,050	59.00
59.01	05901	GASTRO INTESTINAL	0.085395	2,166,596	59.01
60.00	06000	LABORATORY	0.095320	13,135,315	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.111601	566,146	63.00
65.00	06500	RESPIRATORY THERAPY	0.240525	2,839,236	65.00
66.00	06600	PHYSICAL THERAPY	0.186039	1,987,174	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.149917	1,649,504	67.00
68.00	06800	SPEECH PATHOLOGY	0.260455	571,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0.043102	4,075,856	69.00
69.01	06901	CARDIAC HEHAB	0.285022	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	2,703,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271774	9,318,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159843	12,627,103	73.00
74.00	07400	RENAL DIALYSIS	1.524646	504,964	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.082459	10,985,665	91.00
91.01	09101	FAMILY PRACTICES	5.094057	2,496	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.150119	0	91.02
91.03	09103	WOUND CARE	0.308109	2,094	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.148907	3,767,792	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		117,648,091	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)		117,648,091	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3
			Component CCN: 14-S054		Date/Time Prepared: 1/29/2021 12:36 pm
			Title XVIII	Subprovider - IPF	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
40.00	04000	SUBPROVIDER - IPF		4,053,902	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.126457	77	50.00
51.00	05100	RECOVERY ROOM	0.047638	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.262999	106	52.00
53.00	05300	ANESTHESIOLOGY	0.031423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101292	19,136	54.00
56.00	05600	RADIOISOTOPE	0.107037	9,930	56.00
56.01	03630	ULTRA SOUND	0.051165	5,514	56.01
56.02	03440	MAMMOGRAPHY	0.079908	3	56.02
57.00	05700	CT SCAN	0.010061	117,927	57.00
58.00	05800	MRI	0.023176	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.065739	3,756	59.00
59.01	05901	GASTRO INTESTINAL	0.085395	47	59.01
60.00	06000	LABORATORY	0.095320	478,376	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.111601	10,731	63.00
65.00	06500	RESPIRATORY THERAPY	0.240525	55,582	65.00
66.00	06600	PHYSICAL THERAPY	0.186039	32,908	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.149917	18,311	67.00
68.00	06800	SPEECH PATHOLOGY	0.260455	5,248	68.00
69.00	06900	ELECTROCARDIOLOGY	0.043102	74,577	69.00
69.01	06901	CARDIAC HEHAB	0.285022	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	3,203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.271774	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159843	334,768	73.00
74.00	07400	RENAL DIALYSIS	1.524646	1,902	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.082459	363,839	91.00
91.01	09101	FAMILY PRACTICES	5.094057	24	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.150119	27,239	91.02
91.03	09103	WOUND CARE	0.308109	11	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.148907	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,563,215	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)		1,563,215	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3	
		Component CCN: 14-T054		Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,475,866		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.126457	16,544	2,092	50.00
51.00	05100 RECOVERY ROOM	0.047638	4,563	217	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.262999	28	7	52.00
53.00	05300 ANESTHESIOLOGY	0.031423	6,974	219	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101292	23,472	2,378	54.00
56.00	05600 RADIOISOTOPE	0.107037	2,856	306	56.00
56.01	03630 ULTRA SOUND	0.051165	10,315	528	56.01
56.02	03440 MAMMOGRAPHY	0.079908	3	0	56.02
57.00	05700 CT SCAN	0.010061	37,729	380	57.00
58.00	05800 MRI	0.023176	22,917	531	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065739	7,400	486	59.00
59.01	05901 GASTRO INTESTINAL	0.085395	3,987	340	59.01
60.00	06000 LABORATORY	0.095320	92,615	8,828	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.111601	3,065	342	63.00
65.00	06500 RESPIRATORY THERAPY	0.240525	27,907	6,712	65.00
66.00	06600 PHYSICAL THERAPY	0.186039	925,400	172,160	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.149917	913,597	136,964	67.00
68.00	06800 SPEECH PATHOLOGY	0.260455	291,398	75,896	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043102	10,803	466	69.00
69.01	06901 CARDIAC HEHAB	0.285022	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	1,411	769	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271774	1,363	370	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159843	157,714	25,209	73.00
74.00	07400 RENAL DIALYSIS	1.524646	27,719	42,262	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.082459	4,125	340	91.00
91.01	09101 FAMILY PRACTICES	5.094057	3	15	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.150119	0	0	91.02
91.03	09103 WOUND CARE	0.308109	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.148907	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,593,908	477,817	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)		2,593,908		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 12:36 pm	
		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
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.126457	40,288	5,095	50.00
51.00	05100 RECOVERY ROOM	0.047638	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.262999	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031423	32,086	1,008	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101292	99,725	10,101	54.00
56.00	05600 RADIOISOTOPE	0.107037	0	0	56.00
56.01	03630 ULTRA SOUND	0.051165	7,093	363	56.01
56.02	03440 MAMMOGRAPHY	0.079908	0	0	56.02
57.00	05700 CT SCAN	0.010061	15,073	152	57.00
58.00	05800 MRI	0.023176	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.065739	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0.085395	0	0	59.01
60.00	06000 LABORATORY	0.095320	519,398	49,509	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.111601	6,069	677	63.00
65.00	06500 RESPIRATORY THERAPY	0.240525	209,371	50,359	65.00
66.00	06600 PHYSICAL THERAPY	0.186039	1,587,455	295,329	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.149917	1,515,758	227,238	67.00
68.00	06800 SPEECH PATHOLOGY	0.260455	186,405	48,550	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043102	145,247	6,260	69.00
69.01	06901 CARDIAC HEHAB	0.285022	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.544903	21,078	11,485	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.271774	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159843	736,504	117,725	73.00
74.00	07400 RENAL DIALYSIS	1.524646	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.082459	0	0	91.00
91.01	09101 FAMILY PRACTICES	5.094057	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.150119	0	0	91.02
91.03	09103 WOUND CARE	0.308109	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.148907	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,121,550	823,851	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)		5,121,550		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			24,696,981	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	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)			52,976	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			0	2.04
3.00	Managed Care Simulated Payments			16,732,446	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			248.47	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)			78.16	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			22.87	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)			0.32	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)			101.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			101.17	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.12	11.00
12.00	Current year allowable FTE (see instructions)			101.29	12.00
13.00	Total allowable FTE count for the prior year.			101.45	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.			103.11	14.00
15.00	Sum of lines 12 through 14 divided by 3.			101.95	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			101.95	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.410311	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.419701	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.410311	21.00
22.00	IME payment adjustment (see instructions)			4,981,258	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,374,851	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)			-0.18	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)			4,981,258	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,374,851	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)			36.17	31.00
32.00	Sum of lines 30 and 31			42.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)			24.62	33.00
34.00	Disproportionate share adjustment (see instructions)			1,520,099	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		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)	2,955,923	2,025,536		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	745,055	1,516,385		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,261,440			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)	33,512,754			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)		36,887,605		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,447,589		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).		4,436,064		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)		43,771,258		59.00
60.00	Primary payer payments		43,736		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,727,522		61.00
62.00	Deductibles billed to program beneficiaries		2,601,368		62.00
63.00	Coinsurance billed to program beneficiaries		103,213		63.00
64.00	Allowable bad debts (see instructions)		615,851		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		400,303		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		558,112		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,423,244		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)		-78,894		70.93
70.94	HRR adjustment amount (see instructions)		-230,021		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		41,114,329	71.00	
71.01	Sequestration adjustment (see instructions)		686,609	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		40,146,042	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)		281,678	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,992,587	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2021 12:36 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,696,981	0	24,696,981		24,696,981	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	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	52,976	0	52,976		52,976	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,732,446	0	16,732,446	0	16,732,446	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.410311	0.410311	0.410311	0.410311		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,981,258	0	4,981,258	0	4,981,258	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,374,851	0	3,374,851	0	3,374,851	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	4,981,258	0	4,981,258	0	4,981,258	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,374,851	0	3,374,851	0	3,374,851	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2462	0.2462	0.2462	0.2462		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,520,099	0	1,520,099	0	1,520,099	11.00
11.01	Uncompensated care payments	36.00	2,261,440	0	745,055	1,516,385	2,261,440	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	33,512,754	0	31,996,369	1,516,385	33,512,754	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	36,887,605	0	35,371,220	1,516,385	36,887,605	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,447,589	0	2,447,589	0	2,447,589	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	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	37,818,809	1,516,385	39,335,194
		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	1,954,529	0	1,954,529	0	1,954,529
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	1,105	0	1,105	0	1,105
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	0.2517	0.2517	0.2517	0.2517	
23.00	Indirect medical education adjustment (see instructions)	6.00	491,955	0	491,955	0	491,955
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	2,447,589	0	2,447,589	0	2,447,589
		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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,696,981	24,696,981		24,696,981	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	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	52,976	52,976		52,976	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,732,446	16,732,446	0	16,732,446	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.410311	0.410311	0.410311		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,981,258	4,981,258	0	4,981,258	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,374,851	3,374,851	0	3,374,851	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	4,981,258	4,981,258	0	4,981,258	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,374,851	3,374,851	0	3,374,851	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2462	0.2462	0.2462		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,520,099	1,520,099	0	1,520,099	11.00
11.01	Uncompensated care payments	36.00	2,261,440	745,055	1,516,385	2,261,440	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	33,512,754	31,996,369	1,516,385	33,512,754	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	36,887,605	35,371,220	1,516,385	36,887,605	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,447,589	2,447,589	0	2,447,589	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			37,818,809	1,516,385	39,335,194	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,954,529	1,954,529	0	1,954,529	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	1,105	1,105	0	1,105	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	0.2517	0.2517	0.2517		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	491,955	491,955	0	491,955	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,447,589	2,447,589	0	2,447,589	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	-78,894	-78,894	0	-78,894	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	-230,021	-230,021	0	-230,021	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

Health Financial Systems		MACNEAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			3,787	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			16,838,796	2.00
3.00	OPPS payments			11,632,218	3.00
4.00	Outlier payment (see instructions)			16,533	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)			3,787	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			22,669	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)			22,669	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)			22,669	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			18,882	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)			3,787	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)			11,648,751	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			2,224,041	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)			9,428,497	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			2,210,521	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)			11,639,018	30.00
31.00	Primary payer payments			6,242	31.00
32.00	Subtotal (line 30 minus line 31)			11,632,776	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)			252,458	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			164,098	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			206,180	36.00
37.00	Subtotal (see instructions)			11,796,874	37.00
38.00	MSP-LCC reconciliation amount from PS&R			467	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)			11,796,407	40.00
40.01	Sequestration adjustment (see instructions)			197,000	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			11,905,976	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)			-306,569	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,153	2.00
3.00	OPPS payments		21,924	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		21,924	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,386	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)		17,538	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,538	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,538	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		17,538	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,538	40.00
40.01	Sequestration adjustment (see instructions)		293	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		608	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		16,637	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		211	2.00
3.00	OPPS payments		300	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		300	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		60	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)		240	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		240	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		240	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		240	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		240	40.00
40.01	Sequestration adjustment (see instructions)		4	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		235	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)		1	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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
1/29/2021 12:36 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,334,662		11,887,247	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	02/11/2020	18,729	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	02/11/2020	188,620		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)		-188,620		18,729	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)		40,146,042		11,905,976	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		281,678		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		306,569	6.02
7.00	Total Medicare program liability (see instructions)		40,427,720		11,599,407	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: 14-0054

Period:

Worksheet E-1

Component CCN: 14-S054

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
1/29/2021 12:36 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,530,987		608	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)		1,530,987		608	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		67,736		16,637	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,598,723		17,245	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: 14-0054
 Component CCN: 14-T054

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/29/2021 12:36 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,914,282		235		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)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/11/2020	21,517		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)		21,517		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)		1,935,799		235		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		35,495		1		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,971,294		236		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0054
 Component CCN: 14-5848

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 1/29/2021 12:36 pm

		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		1,754,412		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		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,754,412		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		6,822		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,761,234		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: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,784,817 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			17.857923 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,784,817 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,784,817 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,784,817 18.00
19.00	Deductibles			165,836 19.00
20.00	Subtotal (line 18 minus line 19)			1,618,981 20.00
21.00	Coinsurance			61,996 21.00
22.00	Subtotal (line 20 minus line 21)			1,556,985 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			105,984 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			68,890 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			87,557 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,625,875 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,625,875 31.00
31.01	Sequestration adjustment (see instructions)			27,152 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,530,987 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			67,736 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,919,779 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0203 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			97,141 3.00
4.00	Outlier Payments			1,142 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.934426 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,018,062 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,018,062 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,018,062 19.00
20.00	Deductibles			2,728 20.00
21.00	Subtotal (line 19 minus line 20)			2,015,334 21.00
22.00	Coinsurance			10,560 22.00
23.00	Subtotal (line 21 minus line 22)			2,004,774 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,004,774 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,004,774 32.00
32.01	Sequestration adjustment (see instructions)			33,480 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,935,799 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			35,495 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,142 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 1/29/2021 12:36 pm
		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)			1,886,425 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)			1,886,425 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			103,087 7.00
8.00	Allowable bad debts (see instructions)			10,496 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			6,822 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)			1,790,160 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)			1,790,160 15.00
15.01	Sequestration adjustment (see instructions)			28,926 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			114 15.75
16.00	Interim payments			1,754,412 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, 15.75, 16, and 17)			6,708 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: 14-0054		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			62.07		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)			0.00		3.01	
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			36.88		4.00	
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00		4.01	
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.32		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)			99.27		5.00	
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			101.17		6.00	
7.00	Enter the lesser of line 5 or line 6			99.27		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.	77.18	23.06	100.24		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.	75.73	22.63	98.36		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.12			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	75.73	22.75			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	76.21	21.68			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	74.24	23.41			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	75.39	22.61			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	75.39	22.61			17.00	
18.00	Per resident amount	163,038.32	161,733.10			18.00	
19.00	Approved amount for resident costs	12,291,459	3,656,785	15,948,244		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.90		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)			15,948,244		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	14,240	4,846	4,846			26.00
27.00	Total Inpatient Days (see instructions)	55,796	55,796	55,796			27.00
28.00	Ratio of inpatient days to total inpatient days	0.255215	0.086852	0.086852			28.00
29.00	Program direct GME amount	4,070,231	1,385,137	1,385,137	6,840,505		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		96,960	96,960	193,920		30.00
31.00	Net Program direct GME amount				6,646,585		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/29/2021 12:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			984,227	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)			33,869,692	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)			43,736	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			33,825,956	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,861,947	42.00
43.00	Primary payer payments (see instructions)			6,242	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,855,705	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,681,661	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.667420	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.332580	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			6,646,585	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			4,436,064	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,210,521	50.00

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

Provider CCN: 14-0054

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

Worksheet G

Date/Time Prepared:
1/29/2021 12:36 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	75,456,207	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	290,735,249	0	0	0	4.00
5.00 Other receivable	2,628,154	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-248,730,862	0	0	0	6.00
7.00 Inventory	5,981,507	0	0	0	7.00
8.00 Prepaid expenses	234,597	0	0	0	8.00
9.00 Other current assets	474,645	0	0	0	9.00
10.00 Due from other funds	759,822,631	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	886,602,128	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	5,177,680	0	0	0	15.00
16.00 Accumulated depreciation	-29,429	0	0	0	16.00
17.00 Leasehold improvements	13,890,022	0	0	0	17.00
18.00 Accumulated depreciation	-470,409	0	0	0	18.00
19.00 Fixed equipment	1,781,600	0	0	0	19.00
20.00 Accumulated depreciation	-879,183	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	46,813,025	0	0	0	23.00
24.00 Accumulated depreciation	-19,812,949	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)	46,470,357	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	525,042	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	140,515,188	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	141,040,230	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,074,112,715	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	742,242,048	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,212,514	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	506,445	0	0	0	40.00
41.00 Deferred income	1,453,110	0	0	0	41.00
42.00 Accelerated payments	28,406,207	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	42,732,303	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	823,552,627	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	314,271,014	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	314,271,014	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,137,823,641	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	90,150,412				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	90,150,412	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,227,974,053	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0054

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

Worksheet G-1

Date/Time Prepared:
1/29/2021 12:36 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		78,619,839		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,530,573				2.00
3.00	Total (sum of line 1 and line 2)		90,150,412		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		90,150,412		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)		90,150,412		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	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: 14-0054

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2021 12:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	131,644,643		131,644,643	1.00
2.00	SUBPROVIDER - IPF	14,434,890		14,434,890	2.00
3.00	SUBPROVIDER - IRF	7,417,064		7,417,064	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	6,102,622		6,102,622	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)	159,599,219		159,599,219	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,266,854		21,266,854	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)	21,266,854		21,266,854	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	180,866,073		180,866,073	17.00
18.00	Ancillary services	377,876,036	631,633,403	1,009,509,439	18.00
19.00	Outpatient services	50,388,195	141,549,147	191,937,342	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	REVENUE FROM LEGACY SYSTEM	35,914,081	71,812,670	107,726,751	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	645,044,385	844,995,220	1,490,039,605	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		262,626,783		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)		262,626,783		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0054

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

Worksheet G-3

Date/Time Prepared:
1/29/2021 12:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,490,039,605	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,262,399,813	2.00
3.00	Net patient revenues (line 1 minus line 2)	227,639,792	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	262,626,783	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-34,986,991	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,357,660	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	252	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	631,912	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	31,270	21.00
22.00	Rental of hospital space	356,873	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other specify	10,421,988	24.00
24.50	COVID-19 PHE Funding	32,717,609	24.50
25.00	Total other income (sum of lines 6-24)	46,517,564	25.00
26.00	Total (line 5 plus line 25)	11,530,573	26.00
27.00	OTHER EXPENSES - NONE	0	27.00
27.01	CARES ACT AWARD	0	27.01
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)	11,530,573	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0054	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/29/2021 12:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,954,529	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,105	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)		128.15	3.00
4.00	Number of interns & residents (see instructions)		101.95	4.00
5.00	Indirect medical education percentage (see instructions)		25.17	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)		491,955	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,447,589	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