

Rush Oak Park Hospital

Medicare Cost Report



Medicaid Copy

FYE: June 30, 2020

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: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 12/22/2020 3:31 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 12/22/2020	Time: 3:31 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 OAK PARK HOSPITAL (14-0063) 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) PATRICIA O'NEIL

Officer or Administrator of Provider(s)

INTERIM SR VP, CFO & TREASURER

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	264,684	204,754	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	4,724	27		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	269,408	204,781	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: 14-0063		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 12/22/2020 3:31 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 520 SOUTH MAPLE			PO Box:				1.00	
2.00	City: OAK PARK			State: IL		Zip Code: 60603-		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N
								P	N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) 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)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.			500	388	0	0	2,036	0
									24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
12/22/2020 3:31 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	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 12/22/2020 3:31 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 12/22/2020 3:31 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0063		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 12/22/2020 3:31 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
161.10	CORF		N	N	N	N	161.10		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 12/22/2020 3:31 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/27/2020	Y 10/27/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
12/22/2020 3:31 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROSEMARIE	RAFALSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-947-2796	ROSEMARIE_RAFALSKI@RUSH.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
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		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/22/2020 3:31 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	151	55,266	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)		151	55,266	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,124	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						13.00
14.00 Total (see instructions)		165	60,390	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,176		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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		201				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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/22/2020 3:31 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)	5,821	459	12,772			1.00
2.00	HMO and other (see instructions)	2,123	2,424				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,821	459	12,772			7.00
8.00	INTENSIVE CARE UNIT	1,032	41	2,616			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)	6,853	500	15,388	10.99	815.15	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,945	54	5,261	0.00	25.26	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				10.99	840.41	27.00
28.00	Observation Bed Days		48	1,699			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
12/22/2020 3:31 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	1,801	212	4,214	1.00
2.00 HMO and other (see instructions)			550	541		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,801	212	4,214	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
12/22/2020 3:31 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	69,697,691	0	69,697,691	1,708,227.64	40.80
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		787,236	0	787,236	10,688.25	73.65
4.00	Physician-Part A - Administrative		191,540	0	191,540	890.10	215.19
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		4,642,983	0	4,642,983	26,792.73	173.29
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		308,115	0	308,115	22,675.22	13.59
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,604,507	0	1,604,507	52,832.29	30.37
10.00	Excluded area salaries (see instructions)		9,574,620	0	9,574,620	179,856.73	53.23
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		977,066	0	977,066	15,502.76	63.03
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		241,912	0	241,912	2,470.48	97.92
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,882,519	0	9,882,519		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,919,540	0	1,919,540		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		106,179	0	106,179		
22.00	Physician Part A - Administrative		7,701	0	7,701		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		267,306	0	267,306		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
12/22/2020 3:31 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	653,291	0	653,291	15,226.14	42.91	26.00
27.00	Administrative & General	5.00	5,918,014	0	5,918,014	142,594.83	41.50	27.00
28.00	Administrative & General under contract (see inst.)		467,453	0	467,453	3,984.22	117.33	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,028,617	0	3,028,617	38,141.54	79.40	30.00
31.00	Laundry & Linen Service	8.00	96,588	0	96,588	6,121.37	15.78	31.00
32.00	Housekeeping	9.00	721,941	0	721,941	42,341.22	17.05	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	816,852	-448,872	367,980	16,297.09	22.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	448,872	448,872	32,082.90	13.99	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,377,164	0	2,377,164	50,868.41	46.73	38.00
39.00	Central Services and Supply	14.00	481,534	0	481,534	19,307.13	24.94	39.00
40.00	Pharmacy	15.00	1,485,161	0	1,485,161	32,221.34	46.09	40.00
41.00	Medical Records & Medical Records Library	16.00	713,774	0	713,774	27,099.47	26.34	41.00
42.00	Social Service	17.00	461,248	0	461,248	13,678.58	33.72	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
12/22/2020 3:31 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)	64,426,810	0	64,426,810	1,652,055.66	39.00	1.00
2.00	Excluded area salaries (see instructions)	11,179,127	0	11,179,127	232,689.02	48.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,247,683	0	53,247,683	1,419,366.64	37.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,218,978	0	1,218,978	17,973.24	67.82	4.00
5.00	Subtotal wage-related costs (see inst.)	9,890,220	0	9,890,220	0.00	18.57	5.00
6.00	Total (sum of lines 3 thru 5)	64,356,881	0	64,356,881	1,437,339.88	44.77	6.00
7.00	Total overhead cost (see instructions)	17,221,637	0	17,221,637	439,964.24	39.14	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
12/22/2020 3:31 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,776,019	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,570,000	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,723,340	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	268,351	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	544,571	14.00
15.00	'Workers' Compensation Insurance	352,801	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	4,742,151	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	28,888	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	177,125	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,183,246	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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
12/22/2020 3:31 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	977,066	12,183,246	1.00
2.00	Hospital	977,066	10,263,706	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	1,919,540	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0063

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

Worksheet S-10

Date/Time Prepared:
12/22/2020 3:31 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)		0.261101	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		9,567,990	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		755,187	5.00
6.00	Medicaid charges		82,339,381	6.00
7.00	Medicaid cost (line 1 times line 6)		21,498,895	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)		11,175,718	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)		11,175,718	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,190,757	472,419	11,663,176
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,921,918	472,419	3,394,337
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,921,918	472,419	3,394,337
			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)		8,428,553	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,034,329	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,591,275	27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,837,278	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,342,166	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,736,503	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,912,221	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
12/22/2020 3:31 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		6,122,932	6,122,932	-2,858,638	3,264,294	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,820	4,820	3,668,708	3,673,528	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	653,291	11,782,854	12,436,145	-4,160	12,431,985	4.00
5.01	00540	NONPATIENT TELEPHONES	0	174,654	174,654	-500	174,154	5.01
5.02	00550	DATA PROCESSING	570,083	416,466	986,549	0	986,549	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	449,989	-44,286	405,703	-5,710	399,993	5.03
5.04	00570	ADMITTING	937,154	105,224	1,042,378	-900	1,041,478	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	3,960,788	16,085,082	20,045,870	-20,881	20,024,989	5.06
7.00	00700	OPERATION OF PLANT	3,028,617	8,431,827	11,460,444	-2,658	11,457,786	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	96,588	66,756	163,344	0	163,344	8.00
9.00	00900	HOUSEKEEPING	721,941	1,102,716	1,824,657	-1,000	1,823,657	9.00
10.00	01000	DIETARY	816,852	1,025,312	1,842,164	-1,246,161	596,003	10.00
11.00	01100	CAFETERIA	0	0	0	1,244,161	1,244,161	11.00
13.00	01300	NURSING ADMINISTRATION	2,377,164	477,086	2,854,250	-3,100	2,851,150	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	481,534	1,337,812	1,819,346	-491,717	1,327,629	14.00
15.00	01500	PHARMACY	1,485,161	3,580,693	5,065,854	-3,340,485	1,725,369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	713,774	290,023	1,003,797	-4,500	999,297	16.00
17.00	01700	SOCIAL SERVICE	461,248	18,369	479,617	-2,950	476,667	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,500	400,910	403,410	0	403,410	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,014,794	979,718	8,994,512	-86,725	8,907,787	30.00
31.00	03100	INTENSIVE CARE UNIT	3,270,454	379,203	3,649,657	-32,573	3,617,084	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	1,604,507	161,970	1,766,477	-42,981	1,723,496	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,946,971	9,595,913	12,542,884	-9,449,529	3,093,355	50.00
50.01	05001	ENDOSCOPY	696,957	608,785	1,305,742	-484,933	820,809	50.01
51.00	05100	RECOVERY ROOM	1,019,051	39,625	1,058,676	0	1,058,676	51.00
53.00	05300	ANESTHESIOLOGY	787,236	376,627	1,163,863	0	1,163,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,071,629	1,833,949	5,905,578	-1,131,804	4,773,774	54.00
56.00	05600	RADIOISOTOPE	653,618	499,440	1,153,058	-117,010	1,036,048	56.00
56.01	05602	ULTRASOUND/VASC LAB	619,608	104,701	724,309	0	724,309	56.01
57.00	05700	CT SCAN	777,564	344,803	1,122,367	0	1,122,367	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,180,561	3,070,902	5,251,463	-44,597	5,206,866	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	235,294	333,209	568,503	0	568,503	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,087,554	331,329	1,418,883	-146,421	1,272,462	65.00
66.00	06600	PHYSICAL THERAPY	1,243,113	151,640	1,394,753	-1,500	1,393,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	608,083	9,666	617,749	0	617,749	67.00
68.00	06800	SPEECH PATHOLOGY	134,992	1,122	136,114	0	136,114	68.00
69.00	06900	ELECTROCARDIOLOGY	589,537	57,158	646,695	190,600	837,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,477	23,132	141,609	0	141,609	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,117,528	5,117,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,539,010	6,539,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,047,707	3,047,707	73.00
74.00	07400	RENAL DIALYSIS	0	406,028	406,028	0	406,028	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,551,723	640,436	2,192,159	-3,350	2,188,809	90.00
90.01	09001	WOUND CARE	481,173	229,221	710,394	-87,333	623,061	90.01
90.02	09002	PULMONARY REHAB	235,792	7,629	243,421	0	243,421	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	192,000	192,000	-192,000	0	90.04
91.00	09100	EMERGENCY	10,437,699	1,690,073	12,127,772	-3,598	12,124,174	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,123,071	73,447,529	133,570,600	0	133,570,600	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
12/22/2020 3:31 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,574,620	5,996,284	15,570,904	0	15,570,904	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	69,697,691	79,443,813	149,141,504	0	149,141,504	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,705,602	1,558,692	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,673,528	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,431,985	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	55,216	5.01
5.02	00550	DATA PROCESSING	-675	985,874	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	399,993	5.03
5.04	00570	ADMITTING	0	1,041,478	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	-5,207,397	14,817,592	5.06
7.00	00700	OPERATION OF PLANT	-498,700	10,959,086	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	163,344	8.00
9.00	00900	HOUSEKEEPING	0	1,823,657	9.00
10.00	01000	DIETARY	0	596,003	10.00
11.00	01100	CAFETERIA	-2,229	1,241,932	11.00
13.00	01300	NURSING ADMINISTRATION	-8,656	2,842,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-66,528	1,261,101	14.00
15.00	01500	PHARMACY	0	1,725,369	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	999,297	16.00
17.00	01700	SOCIAL SERVICE	0	476,667	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	403,410	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,914	8,886,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,617,084	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	1,723,496	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,884	3,088,471	50.00
50.01	05001	ENDOSCOPY	0	820,809	50.01
51.00	05100	RECOVERY ROOM	0	1,058,676	51.00
53.00	05300	ANESTHESIOLOGY	0	1,163,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-23,681	4,750,093	54.00
56.00	05600	RADIOISOTOPE	-40,184	995,864	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	724,309	56.01
57.00	05700	CT SCAN	0	1,122,367	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-52,978	5,153,888	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-1,310	567,193	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-12,800	1,259,662	65.00
66.00	06600	PHYSICAL THERAPY	0	1,393,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	617,749	67.00
68.00	06800	SPEECH PATHOLOGY	0	136,114	68.00
69.00	06900	ELECTROCARDIOLOGY	-23,390	813,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	141,609	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,117,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,539,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,047,707	73.00
74.00	07400	RENAL DIALYSIS	0	406,028	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-710,654	1,478,155	90.00
90.01	09001	WOUND CARE	-26,000	597,061	90.01
90.02	09002	PULMONARY REHAB	-4,928	238,493	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	-3,947,104	8,177,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,477,552	121,093,048	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	15,570,904	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,477,552	136,663,952	200.00

RECLASSIFICATIONS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
12/22/2020 3:31 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CHARGEABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	487,857		1.00
	0		0	487,857		
B - CAFETERIA						
1.00	CAFETERIA	11.00	448,872	795,289		1.00
	0		448,872	795,289		
C - RENTALS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	810,070		1.00
2.00	OPERATING ROOM	50.00	0	100		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
	0			810,170		
D - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,858,638		1.00
	0		0	2,858,638		
E - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,055,106		1.00
	0		0	3,055,106		
F - HEART CENTER RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	192,000		1.00
	0		0	192,000		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,539,010		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
	0		0	6,539,010		
H - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,629,671		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
	0			4,629,671		
500.00	Grand Total: Increases		448,872	19,367,741		500.00

RECLASSIFICATIONS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
12/22/2020 3:31 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CHARGEABLE MED SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	487,857	0		1.00
	0		0	487,857			
	B - CAFETERIA						
1.00	DIETARY	10.00	448,872	795,289	0		1.00
	0		448,872	795,289			
	C - RENTALS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,160	10		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	500	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	5,710	0		3.00
4.00	ADMITTING	5.04	0	900	0		4.00
5.00	OTHER ADMIN & GENERAL	5.06	0	20,881	0		5.00
6.00	OPERATION OF PLANT	7.00	0	2,658	0		6.00
7.00	HOUSEKEEPING	9.00	0	1,000	0		7.00
8.00	DIETARY	10.00	0	2,000	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	3,100	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,860	0		10.00
11.00	PHARMACY	15.00	0	285,379	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,500	0		12.00
13.00	SOCIAL SERVICE	17.00	0	2,950	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	86,725	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	32,573	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	42,981	0		16.00
17.00	ENDOSCOPY	50.01	0	214,958	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,300	0		18.00
19.00	LABORATORY	60.00	0	44,597	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	30,518	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	1,500	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,400	0		22.00
23.00	CLINIC	90.00	0	3,350	0		23.00
24.00	WOUND CARE	90.01	0	2,200	0		24.00
25.00	EMERGENCY	91.00	0	3,470	0		25.00
	0		0	810,170			
	D - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,858,638	9		1.00
	0		0	2,858,638			
	E - DRUGS SOLD						
1.00	PHARMACY	15.00	0	3,055,106	0		1.00
	0		0	3,055,106			
	F - HEART CENTER RECLASS						
1.00	RUSH HEART CENTER	90.04	0	192,000	0		1.00
	0		0	192,000			
	G - IMPLANTS						
1.00	OPERATING ROOM	50.00	0	6,035,543	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	341,399	0		2.00
3.00	RADIOISOTOPE	56.00	0	76,821	0		3.00
4.00	WOUND CARE	90.01	0	85,133	0		4.00
5.00	EMERGENCY	91.00	0	114	0		5.00
	0		0	6,539,010			
	H - MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	3,414,086	0		1.00
2.00	ENDOSCOPY	50.01	0	269,975	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	782,105	0		3.00
4.00	RADIOISOTOPE	56.00	0	40,189	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	115,903	0		5.00
6.00	EMERGENCY	91.00	0	14	0		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,399	0		7.00
	0		0	4,629,671			
500.00	Grand Total: Decreases		448,872	19,367,741			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,680,216	2,655,000	0	2,655,000	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	40,361,884	36,859,598	0	36,859,598	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	40,365,527	3,917,884	0	3,917,884	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,407,627	43,432,482	0	43,432,482	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	89,407,627	43,432,482	0	43,432,482	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	11,335,216	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	77,221,482	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	44,283,411	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	132,840,109	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	132,840,109	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
12/22/2020 3:31 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	6,083,912	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,820	0	2.00
3.00	Total (sum of lines 1-2)	6,083,912	0	0	4,820	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	39,020	6,122,932				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,820				2.00
3.00	Total (sum of lines 1-2)	39,020	6,127,752				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
12/22/2020 3:31 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	88,556,698	0	88,556,698	0.668011	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	44,011,018	0	44,011,018	0.331989	0	2.00
3.00	Total (sum of lines 1-2)	132,567,716	0	132,567,716	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	1,519,672	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,858,638	810,070	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,378,310	810,070	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	39,020	1,558,692	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,820	0	0	3,673,528	2.00
3.00	Total (sum of lines 1-2)	0	4,820	0	39,020	5,232,220	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
12/22/2020 3:31 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)	A	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,062	OTHER ADMIN & GENERAL	5.06	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,756,627			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,229	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL 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	A	-1,705,602	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER MISC	B	-172,031	OTHER ADMIN & GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
12/22/2020 3:31 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PHYSICIAN RECRUTING	B	-82,550	OTHER ADMIN & GENERAL	5.06	0	33.01
33.02 INFO CENTER	B	-49,749	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03 INTEREST INCOME	B	-109,304	OTHER ADMIN & GENERAL	5.06	0	33.03
33.04 PULMONARY REHAB PROGRAM REVENUE	B	-4,928	PULMONARY REHAB	90.02	0	33.04
33.05 NSGO REVENUE	B	-8,656	NURSING ADMINISTRATION	13.00	0	33.05
33.06 BREAST CENTER CLIENT REVENUE	B	-40,184	RADIOISOTOPE	56.00	0	33.06
33.07 LAB CLIENT REVENUE	B	-52,978	LABORATORY	60.00	0	33.07
33.08 BLOOD BANK CLIENT REVENUE	B	-1,310	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.08
33.09 OTHER OPERATING INCOME	B	-138,989	OTHER ADMIN & GENERAL	5.06	0	33.09
33.10 CPD REVENUE	B	-66,528	CENTRAL SERVICES & SUPPLY	14.00	0	33.10
33.11 GAIN/LOSS ON ASSET DISPOSAL	B	-167,365	OTHER ADMIN & GENERAL	5.06	0	33.11
33.12 INFORMATION SERVICES OTHER OPERTING	B	-675	DATA PROCESSING	5.02	0	33.12
33.13 RT - CLIENT REVENUE	B	-12,800	RESPIRATORY THERAPY	65.00	0	33.13
33.14 PROVIDER ASSESSMENT TAX	A	-4,478,347	OTHER ADMIN & GENERAL	5.06	0	33.14
33.15 HOSPITAL INCIDENT COMMND SYSTEM-MISC	B	-498,700	OPERATION OF PLANT	7.00	0	33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,477,552				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0063

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

Worksheet A-8-2

Date/Time Prepared:
12/22/2020 3:31 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	30.00	ADULTS & PEDIATRICS	20,914	20,914	0	197,500	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	24,465	23,215	1,250	271,900	6	2.00
3.00	69.00	ELECTROCARDIOLOGY	24,000	22,750	1,250	211,500	6	3.00
4.00	90.00	CLINIC	740,384	705,384	35,000	211,500	371	4.00
5.00	90.01	WOUND CARE	26,000	26,000	0	211,500	0	5.00
6.00	91.00	EMERGENCY	3,998,759	3,844,719	154,040	211,500	508	6.00
7.00	50.00	OPERATING ROOM	24,000	0	24,000	211,500	188	7.00
8.00	90.00	CLINIC	25,912	0	25,912	211,500	203	8.00
9.00	90.04	RUSH HEART CENTER	192,000	0	192,000	211,500	2,080	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,076,434	4,642,982	433,452		3,362	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	784	39	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	610	31	0	0	0	3.00
4.00	90.00	CLINIC	37,724	1,886	0	0	0	4.00
5.00	90.01	WOUND CARE	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	51,655	2,583	0	0	0	6.00
7.00	50.00	OPERATING ROOM	19,116	956	0	0	0	7.00
8.00	90.00	CLINIC	20,642	1,032	0	0	0	8.00
9.00	90.04	RUSH HEART CENTER	211,500	10,575	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			342,031	17,102	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	30.00	ADULTS & PEDIATRICS	0	0	0	20,914		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	784	466	23,681		2.00
3.00	69.00	ELECTROCARDIOLOGY	0	610	640	23,390		3.00
4.00	90.00	CLINIC	0	37,724	0	705,384		4.00
5.00	90.01	WOUND CARE	0	0	0	26,000		5.00
6.00	91.00	EMERGENCY	0	51,655	102,385	3,947,104		6.00
7.00	50.00	OPERATING ROOM	0	19,116	4,884	4,884		7.00
8.00	90.00	CLINIC	0	20,642	5,270	5,270		8.00
9.00	90.04	RUSH HEART CENTER	0	211,500	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	342,031	113,645	4,756,627		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,558,692	1,558,692			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,673,528	3,673,528			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,431,985	19,454	5,306	12,456,745	4.00
5.01	00540	NONPATIENT TELEPHONES	55,216	1,716	2,973	0	59,905
5.02	00550	DATA PROCESSING	985,874	15,606	277,185	102,852	1,259
5.03	00560	PURCHASING RECEIVING AND STORES	399,993	47,824	14,685	81,185	1,679
5.04	00570	ADMITTING	1,041,478	11,743	15,558	169,078	1,364
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	71,960	0	2,518
5.06	00590	OTHER ADMIN & GENERAL	14,817,592	67,960	108,314	714,590	7,553
7.00	00700	OPERATION OF PLANT	10,959,086	564,852	89,880	546,411	3,357
8.00	00800	LAUNDRY & LINEN SERVICE	163,344	6,565	666	17,426	0
9.00	00900	HOUSEKEEPING	1,823,657	12,277	13,591	130,250	420
10.00	01000	DIETARY	596,003	57,356	23,169	66,389	2,623
11.00	01100	CAFETERIA	1,241,932	0	0	80,984	0
13.00	01300	NURSING ADMINISTRATION	2,842,494	13,581	62,851	428,878	1,364
14.00	01400	CENTRAL SERVICES & SUPPLY	1,261,101	29,828	57,605	86,876	734
15.00	01500	PHARMACY	1,725,369	8,625	21,857	267,947	1,049
16.00	01600	MEDICAL RECORDS & LIBRARY	999,297	23,651	84,090	128,776	3,777
17.00	01700	SOCIAL SERVICE	476,667	2,272	381	83,217	315
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	403,410	0	0	451	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,886,873	97,763	137,216	1,445,997	5,351
31.00	03100	INTENSIVE CARE UNIT	3,617,084	26,826	159,959	590,042	1,993
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	1,723,496	55,966	23,260	289,479	1,888
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,088,471	71,414	295,481	531,681	3,147
50.01	05001	ENDOSCOPY	820,809	14,592	110,163	125,742	1,888
51.00	05100	RECOVERY ROOM	1,058,676	5,730	12,937	183,853	0
53.00	05300	ANESTHESIOLOGY	1,163,863	1,473	66,354	142,030	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,750,093	86,891	628,772	734,587	3,147
56.00	05600	RADIOISOTOPE	995,864	13,467	518,829	117,923	2,518
56.01	05602	ULTRASOUND/VASC LAB	724,309	7,113	114,607	111,787	420
57.00	05700	CT SCAN	1,122,367	1,957	263,382	140,285	315
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	5,153,888	29,223	105,891	393,408	3,882
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	567,193	1,957	107	42,451	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,259,662	6,006	98,373	196,212	1,049
66.00	06600	PHYSICAL THERAPY	1,393,253	35,146	16,722	224,277	839
67.00	06700	OCCUPATIONAL THERAPY	617,749	14,800	2,314	109,708	210
68.00	06800	SPEECH PATHOLOGY	136,114	856	270	24,355	315
69.00	06900	ELECTROCARDIOLOGY	813,905	4,443	66,791	106,362	0
70.00	07000	ELECTROENCEPHALOGRAPHY	141,609	1,269	3,150	21,375	105
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,117,528	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,539,010	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,047,707	0	0	0	0
74.00	07400	RENAL DIALYSIS	406,028	0	190	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,478,155	43,854	37,419	279,956	2,413
90.01	09001	WOUND CARE	597,061	15,144	11,378	86,811	210
90.02	09002	PULMONARY REHAB	238,493	0	9,105	42,541	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09005	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	8,177,070	124,406	71,155	1,883,158	1,993
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,093,048	1,543,606	3,603,896	10,729,330	59,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,773	95	0	210	190.00
190.01	19001	ADC	0	0	15,235	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	15,570,904	11,313	54,302	1,727,415	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	136,663,952	1,558,692	3,673,528	12,456,745	59,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,382,776					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,335	549,701				5.03
5.04	00570	ADMITTING	11,138	2,085	1,252,444			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	74,478		5.05
5.06	00590	OTHER ADMIN & GENERAL	214,152	285	0	0	15,930,446	5.06
7.00	00700	OPERATION OF PLANT	122,455	878	0	0	12,286,919	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,745	38	0	0	189,784	8.00
9.00	00900	HOUSEKEEPING	19,496	165	0	0	1,999,856	9.00
10.00	01000	DIETARY	19,684	20	0	0	765,244	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,322,916	11.00
13.00	01300	NURSING ADMINISTRATION	30,498	558	0	0	3,380,224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,440	53,247	0	0	1,508,831	14.00
15.00	01500	PHARMACY	54,129	7,728	0	0	2,086,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,726	0	0	0	1,250,317	16.00
17.00	01700	SOCIAL SERVICE	5,125	0	0	0	567,977	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,310	0	0	0	408,171	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,106	35,213	56,488	3,363	10,764,370	30.00
31.00	03100	INTENSIVE CARE UNIT	38,997	18,884	19,059	1,135	4,473,979	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	18,875	7,141	9,815	584	2,130,504	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134,021	260,076	107,622	6,407	4,498,320	50.00
50.01	05001	ENDOSCOPY	13,952	25,842	30,314	1,805	1,145,107	50.01
51.00	05100	RECOVERY ROOM	11,312	1,233	19,592	1,166	1,294,499	51.00
53.00	05300	ANESTHESIOLOGY	12,436	28,194	43,816	2,608	1,460,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,101	28,527	154,896	9,221	6,459,235	54.00
56.00	05600	RADIOISOTOPE	12,320	13,603	24,454	1,456	1,700,434	56.00
56.01	05602	ULTRASOUND/VASC LAB	7,739	1,011	22,925	1,365	991,276	56.01
57.00	05700	CT SCAN	11,992	761	115,192	6,858	1,663,109	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	56,112	1,675	190,618	11,266	5,945,963	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,074	102	7,130	424	625,438	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,161	11,439	17,187	1,023	1,606,112	65.00
66.00	06600	PHYSICAL THERAPY	14,903	1,388	16,965	1,010	1,704,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,601	773	7,735	460	760,350	67.00
68.00	06800	SPEECH PATHOLOGY	1,454	62	1,855	110	165,391	68.00
69.00	06900	ELECTROCARDIOLOGY	8,961	388	32,130	1,913	1,034,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,513	951	1,176	70	171,218	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	39,444	2,348	5,159,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,939	3,628	6,603,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69,441	4,134	3,121,282	73.00
74.00	07400	RENAL DIALYSIS	4,338	214	4,653	277	415,700	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	23,423	6,194	11,293	672	1,883,379	90.00
90.01	09001	WOUND CARE	7,591	7,359	6,118	364	732,036	90.01
90.02	09002	PULMONARY REHAB	2,601	46	1,438	86	294,310	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	129,585	30,109	180,149	10,725	10,608,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,216,401	546,189	1,252,444	74,478	119,110,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	4,078	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
190.01	19001	ADC	0	0	0	0	15,235	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	166,375	3,512	0	0	17,533,821	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,382,776	549,701	1,252,444	74,478	136,663,952	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	15,930,446					5.06
7.00	00700	OPERATION OF PLANT	1,621,222	13,908,141				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,041	110,067	324,892			8.00
9.00	00900	HOUSEKEEPING	263,875	205,836	0	2,469,567		9.00
10.00	01000	DIETARY	100,972	961,648	0	80,959	1,908,823	10.00
11.00	01100	CAFETERIA	174,555	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	446,010	227,705	0	23,580	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	199,086	500,110	1,384	39,300	0	14.00
15.00	01500	PHARMACY	275,334	144,614	0	20,557	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	164,976	396,531	0	55,323	0	16.00
17.00	01700	SOCIAL SERVICE	74,943	38,091	0	5,562	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	53,857	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,420,326	1,639,115	68,455	531,218	1,260,508	30.00
31.00	03100	INTENSIVE CARE UNIT	590,328	449,762	16,971	132,412	129,091	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	281,114	938,336	23,267	188,641	519,224	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	593,540	1,197,343	44,890	317,546	0	50.00
50.01	05001	ENDOSCOPY	151,093	244,648	8,556	23,580	0	50.01
51.00	05100	RECOVERY ROOM	170,805	96,069	10,012	15,720	0	51.00
53.00	05300	ANESTHESIOLOGY	192,745	24,693	0	39,300	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	852,277	1,456,830	32,254	187,674	0	54.00
56.00	05600	RADIOISOTOPE	224,367	225,782	28,001	59,857	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	130,796	119,260	0	7,860	0	56.01
57.00	05700	CT SCAN	219,442	32,804	0	15,720	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	784,552	489,956	0	157,201	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	82,525	32,804	0	7,860	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	211,922	100,695	0	21,283	0	65.00
66.00	06600	PHYSICAL THERAPY	224,904	589,269	4,435	94,321	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,326	248,132	2,022	25,696	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,823	14,359	0	5,562	0	68.00
69.00	06900	ELECTROCARDIOLOGY	136,551	74,500	5,035	94,321	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,592	21,268	555	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	680,757	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	871,322	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	411,844	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	54,850	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	248,506	735,264	6,699	105,446	0	90.00
90.01	09001	WOUND CARE	96,590	253,900	4,609	94,321	0	90.01
90.02	09002	PULMONARY REHAB	38,833	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,399,740	2,085,811	67,747	110,887	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,614,341	13,655,202	324,892	2,461,707	1,908,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	538	63,265	0	7,860	0	190.00
190.01	19001	ADC	2,010	0	0	0	0	190.01

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,313,557	189,674	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,930,446	13,908,141	324,892	2,469,567	1,908,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,497,471					11.00
13.00	01300	NURSING ADMINISTRATION	53,198	4,130,717				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,896	0	2,270,607			14.00
15.00	01500	PHARMACY	33,708	0	0	2,560,917		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,349	0	0	0	1,895,496	16.00
17.00	01700	SOCIAL SERVICE	14,306	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,763	1,188,435	63,846	0	85,492	30.00
31.00	03100	INTENSIVE CARE UNIT	85,068	413,658	31,315	0	28,845	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	55,254	271,686	9,499	0	14,855	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,186	417,166	664,007	0	162,882	50.00
50.01	05001	ENDOSCOPY	20,846	0	70,160	0	45,879	50.01
51.00	05100	RECOVERY ROOM	23,536	115,474	1,496	0	29,652	51.00
53.00	05300	ANESTHESIOLOGY	11,178	54,962	135,749	0	66,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,145	0	316,799	0	234,430	54.00
56.00	05600	RADIOISOTOPE	20,058	0	13,418	0	37,010	56.00
56.01	05602	ULTRASOUND/VASC LAB	14,984	0	7,472	0	34,697	56.01
57.00	05700	CT SCAN	20,408	0	13,903	0	174,339	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	69,669	0	81,351	0	288,462	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,803	0	3,991	0	10,790	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,739	0	36,755	0	26,012	65.00
66.00	06600	PHYSICAL THERAPY	31,564	149,208	13,071	0	25,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,443	75,969	10,596	0	11,707	67.00
68.00	06800	SPEECH PATHOLOGY	3,040	14,903	406	0	2,807	68.00
69.00	06900	ELECTROCARDIOLOGY	19,971	97,115	9,351	0	48,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,587	0	545	0	1,780	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	206,633	0	59,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	373,299	0	92,229	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	56,261	2,560,917	105,097	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,043	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	40,620	199,743	6,639	0	17,091	90.00
90.01	09001	WOUND CARE	11,309	55,590	31,966	0	9,259	90.01
90.02	09002	PULMONARY REHAB	6,868	33,817	405	0	2,176	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	216,859	1,042,991	93,593	0	272,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,309,355	4,130,717	2,252,526	2,560,917	1,895,496	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	189	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	188,116	0	17,892	0	0	192.00
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)	1,497,471	4,130,717	2,270,607	2,560,917	1,895,496	202.00

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	700,879				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		462,028		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	700,879	0	263,357	18,229,764	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,351,429	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	4,432,380	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	55,443	8,041,323	50.00
50.01	05001	ENDOSCOPY	0	0	0	1,709,869	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,757,263	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,985,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	87,785	9,742,429	54.00
56.00	05600	RADIOISOTOPE	0	0	36,962	2,345,889	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	1,306,345	56.01
57.00	05700	CT SCAN	0	0	0	2,139,725	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	7,817,154	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	770,211	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,034,518	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,836,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,250,241	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	228,291	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,520,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	221,545	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,106,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,940,427	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,255,401	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	477,593	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	3,243,387	90.00
90.01	09001	WOUND CARE	0	0	0	1,289,580	90.01
90.02	09002	PULMONARY REHAB	0	0	0	376,409	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	18,481	15,917,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	700,879	0	462,028	116,327,717	-462,028	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	75,741	0	190.00
190.01	19001	ADC	0	0	0	17,434	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	20,243,060	0	192.00
200.00		Cross Foot Adjustments		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)	700,879	0	462,028	136,663,952	-462,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	136,201,924	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,454	5,306	24,760	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,716	2,973	4,689	5.01
5.02	00550	DATA PROCESSING	0	15,606	277,185	292,791	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	47,824	14,685	62,509	5.03
5.04	00570	ADMITTING	0	11,743	15,558	27,301	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	71,960	71,960	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	67,960	108,314	176,274	5.06
7.00	00700	OPERATION OF PLANT	0	564,852	89,880	654,732	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,565	666	7,231	8.00
9.00	00900	HOUSEKEEPING	0	12,277	13,591	25,868	9.00
10.00	01000	DIETARY	0	57,356	23,169	80,525	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,581	62,851	76,432	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,828	57,605	87,433	14.00
15.00	01500	PHARMACY	0	8,625	21,857	30,482	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,651	84,090	107,741	16.00
17.00	01700	SOCIAL SERVICE	0	2,272	381	2,653	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	97,763	137,216	234,979	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,826	159,959	186,785	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	55,966	23,260	79,226	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	71,414	295,481	366,895	50.00
50.01	05001	ENDOSCOPY	0	14,592	110,163	124,755	50.01
51.00	05100	RECOVERY ROOM	0	5,730	12,937	18,667	51.00
53.00	05300	ANESTHESIOLOGY	0	1,473	66,354	67,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86,891	628,772	715,663	54.00
56.00	05600	RADIOISOTOPE	0	13,467	518,829	532,296	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	7,113	114,607	121,720	56.01
57.00	05700	CT SCAN	0	1,957	263,382	265,339	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	29,223	105,891	135,114	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,957	107	2,064	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,006	98,373	104,379	65.00
66.00	06600	PHYSICAL THERAPY	0	35,146	16,722	51,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,800	2,314	17,114	67.00
68.00	06800	SPEECH PATHOLOGY	0	856	270	1,126	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,443	66,791	71,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,269	3,150	4,419	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
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	0	190	190	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	43,854	37,419	81,273	90.00
90.01	09001	WOUND CARE	0	15,144	11,378	26,522	90.01
90.02	09002	PULMONARY REHAB	0	0	9,105	9,105	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	124,406	71,155	195,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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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	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,543,606	3,603,896	5,147,502	21,323	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,773	95	3,868	0	190.00
190.01	19001	ADC	0	0	15,235	15,235	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	11,313	54,302	65,615	3,437	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,558,692	3,673,528	5,232,220	24,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,689					5.01
5.02	00550	DATA PROCESSING	99	293,095				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	131	919	63,721			5.03
5.04	00570	ADMITTING	107	2,361	242	30,347		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	197	0	0	0	72,157	5.05
5.06	00590	OTHER ADMIN & GENERAL	591	45,368	33	0	0	5.06
7.00	00700	OPERATION OF PLANT	263	25,958	102	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	370	4	0	0	8.00
9.00	00900	HOUSEKEEPING	33	4,133	19	0	0	9.00
10.00	01000	DIETARY	205	4,173	2	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	107	6,465	65	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57	4,121	6,172	0	0	14.00
15.00	01500	PHARMACY	82	11,474	896	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	296	2,274	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	25	1,086	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	914	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	419	20,373	4,082	1,361	3,263	30.00
31.00	03100	INTENSIVE CARE UNIT	156	8,266	2,189	459	1,101	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	148	4,001	828	237	567	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	246	28,410	30,148	2,593	6,216	50.00
50.01	05001	ENDOSCOPY	148	2,958	2,996	730	1,751	50.01
51.00	05100	RECOVERY ROOM	0	2,398	143	472	1,132	51.00
53.00	05300	ANESTHESIOLOGY	0	2,636	3,268	1,056	2,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246	13,376	3,307	3,732	8,947	54.00
56.00	05600	RADIOISOTOPE	197	2,612	1,577	589	1,412	56.00
56.01	05602	ULTRASOUND/VASC LAB	33	1,641	117	552	1,324	56.01
57.00	05700	CT SCAN	25	2,542	88	2,776	6,654	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	304	11,895	194	4,764	10,825	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,288	12	172	412	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	82	3,214	1,326	414	993	65.00
66.00	06600	PHYSICAL THERAPY	66	3,159	161	409	980	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	1,399	90	186	447	67.00
68.00	06800	SPEECH PATHOLOGY	25	308	7	45	107	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,900	45	774	1,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	321	110	28	68	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	950	2,278	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,468	3,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,673	4,011	73.00
74.00	07400	RENAL DIALYSIS	0	920	25	112	269	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	189	4,965	718	272	652	90.00
90.01	09001	WOUND CARE	16	1,609	853	147	353	90.01
90.02	09002	PULMONARY REHAB	0	551	5	35	83	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	156	27,469	3,490	4,341	10,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,673	257,827	63,314	30,347	72,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	16	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	35,268	407	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,689	293,095	63,721	30,347	72,157	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	223,688					5.06
7.00	00700	OPERATION OF PLANT	22,768	704,910				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	352	5,579	13,571			8.00
9.00	00900	HOUSEKEEPING	3,706	10,432	0	44,450		9.00
10.00	01000	DIETARY	1,418	48,739	0	1,457	136,651	10.00
11.00	01100	CAFETERIA	2,451	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,264	11,541	0	424	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,796	25,347	58	707	0	14.00
15.00	01500	PHARMACY	3,867	7,329	0	370	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,317	20,097	0	996	0	16.00
17.00	01700	SOCIAL SERVICE	1,052	1,931	0	100	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	756	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,946	83,076	2,860	9,564	90,239	30.00
31.00	03100	INTENSIVE CARE UNIT	8,290	22,795	709	2,383	9,241	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	3,948	47,558	972	3,395	37,171	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,335	60,685	1,875	5,716	0	50.00
50.01	05001	ENDOSCOPY	2,122	12,400	357	424	0	50.01
51.00	05100	RECOVERY ROOM	2,399	4,869	418	283	0	51.00
53.00	05300	ANESTHESIOLOGY	2,707	1,252	0	707	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,969	73,837	1,347	3,378	0	54.00
56.00	05600	RADIOISOTOPE	3,151	11,443	1,170	1,077	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,837	6,044	0	141	0	56.01
57.00	05700	CT SCAN	3,082	1,663	0	283	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	11,018	24,833	0	2,829	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,159	1,663	0	141	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,976	5,104	0	383	0	65.00
66.00	06600	PHYSICAL THERAPY	3,158	29,866	185	1,698	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,409	12,576	84	463	0	67.00
68.00	06800	SPEECH PATHOLOGY	306	728	0	100	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,918	3,776	210	1,698	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	317	1,078	23	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,560	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,236	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,784	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	770	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,490	37,266	280	1,898	0	90.00
90.01	09001	WOUND CARE	1,356	12,868	193	1,698	0	90.01
90.02	09002	PULMONARY REHAB	545	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	19,657	105,716	2,830	1,996	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	191,192	692,091	13,571	44,309	136,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8	3,206	0	141	0	190.00
190.01	19001	ADC	28	0	0	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	32,460	9,613	0	0	0	192.00
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)	223,688	704,910	13,571	44,450	136,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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To 06/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,612					11.00
13.00	01300	NURSING ADMINISTRATION	93	102,244				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38	0	126,902			14.00
15.00	01500	PHARMACY	59	0	0	55,092		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49	0	0	0	134,026	16.00
17.00	01700	SOCIAL SERVICE	25	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	427	29,417	3,568	0	6,045	30.00
31.00	03100	INTENSIVE CARE UNIT	148	10,239	1,750	0	2,040	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	96	6,725	531	0	1,050	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157	10,326	37,110	0	11,517	50.00
50.01	05001	ENDOSCOPY	36	0	3,921	0	3,244	50.01
51.00	05100	RECOVERY ROOM	41	2,858	84	0	2,097	51.00
53.00	05300	ANESTHESIOLOGY	19	1,360	7,587	0	4,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	201	0	17,705	0	16,576	54.00
56.00	05600	RADIOISOTOPE	35	0	750	0	2,617	56.00
56.01	05602	ULTRASOUND/VASC LAB	26	0	418	0	2,453	56.01
57.00	05700	CT SCAN	36	0	777	0	12,327	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	122	0	4,547	0	20,396	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12	0	223	0	763	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55	0	2,054	0	1,839	65.00
66.00	06600	PHYSICAL THERAPY	55	3,693	731	0	1,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	27	1,880	592	0	828	67.00
68.00	06800	SPEECH PATHOLOGY	5	369	23	0	198	68.00
69.00	06900	ELECTROCARDIOLOGY	35	2,404	523	0	3,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	0	30	0	126	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,548	0	4,221	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,863	0	6,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,144	55,092	7,431	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	498	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	71	4,944	371	0	1,209	90.00
90.01	09001	WOUND CARE	20	1,376	1,787	0	655	90.01
90.02	09002	PULMONARY REHAB	12	837	23	0	154	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	378	25,816	5,231	0	19,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,284	102,244	125,891	55,092	134,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	11	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	328	0	1,000	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,612	102,244	126,902	55,092	134,026	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	7,038				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,671		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,038			519,534	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0			257,725	0 31.00
40.00	04000	SUBPROVIDER - IPF	0			0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0			0	0 41.00
44.00	04400	SKILLED NURSING FACILITY	0			187,029	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			571,287	0 50.00
50.01	05001	ENDOSCOPY	0			156,092	0 50.01
51.00	05100	RECOVERY ROOM	0			36,227	0 51.00
53.00	05300	ANESTHESIOLOGY	0			95,922	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			871,746	0 54.00
56.00	05600	RADIOISOTOPE	0			559,161	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0			136,528	0 56.01
57.00	05700	CT SCAN	0			295,871	0 57.00
58.00	05800	MRI	0			0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0 59.00
60.00	06000	LABORATORY	0			227,624	0 60.00
60.01	06001	BLOOD LABORATORY	0			0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			7,993	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			123,209	0 65.00
66.00	06600	PHYSICAL THERAPY	0			98,290	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			37,329	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			3,395	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			90,023	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			6,577	0 70.00
70.01	07001	SLEEP LAB	0			0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			28,557	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			44,608	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			77,135	0 73.00
74.00	07400	RENAL DIALYSIS	0			2,784	0 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0 89.00
90.00	09000	CLINIC	0			138,155	0 90.00
90.01	09001	WOUND CARE	0			49,626	0 90.01
90.02	09002	PULMONARY REHAB	0			11,435	0 90.02
90.03	09003	SPINE CENTER	0			0	0 90.03
90.04	09005	RUSH HEART CENTER	0			0	0 90.04
91.00	09100	EMERGENCY	0			426,046	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0			0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0 110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0			0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,038	0	0	5,059,908	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			7,239	0	190.00
190.01	19001	ADC	0			15,274	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			148,128	0	192.00
200.00		Cross Foot Adjustments		0	1,671	1,671	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,038	0	1,671	5,232,220	0	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	1,671	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,232,220	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	434,972					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,890,628				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,429	2,731	69,044,400			4.00
5.01	00540	NONPATIENT TELEPHONES	479	1,530	0	571		5.01
5.02	00550	DATA PROCESSING	4,355	142,657	570,083	12	129,416,404	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	13,346	7,558	449,989	16	405,703	5.03
5.04	00570	ADMITTING	3,277	8,007	937,154	13	1,042,378	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	37,035	0	24	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	18,965	55,745	3,960,788	72	20,045,870	5.06
7.00	00700	OPERATION OF PLANT	157,629	46,258	3,028,617	32	11,460,444	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	96,588	0	163,344	8.00
9.00	00900	HOUSEKEEPING	3,426	6,995	721,941	4	1,824,657	9.00
10.00	01000	DIETARY	16,006	11,924	367,980	25	1,842,164	10.00
11.00	01100	CAFETERIA	0	0	448,872	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,790	32,347	2,377,164	13	2,854,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	29,647	481,534	7	1,819,346	14.00
15.00	01500	PHARMACY	2,407	11,249	1,485,161	10	5,065,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	43,278	713,774	36	1,003,797	16.00
17.00	01700	SOCIAL SERVICE	634	196	461,248	3	479,617	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,500	0	403,410	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,282	70,620	8,014,794	51	8,994,512	30.00
31.00	03100	INTENSIVE CARE UNIT	7,486	82,325	3,270,454	19	3,649,657	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	15,618	11,971	1,604,507	18	1,766,477	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,929	152,073	2,946,971	30	12,542,884	50.00
50.01	05001	ENDOSCOPY	4,072	56,697	696,957	18	1,305,742	50.01
51.00	05100	RECOVERY ROOM	1,599	6,658	1,019,051	0	1,058,676	51.00
53.00	05300	ANESTHESIOLOGY	411	34,150	787,236	0	1,163,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,248	323,605	4,071,629	30	5,905,578	54.00
56.00	05600	RADIOISOTOPE	3,758	267,022	653,618	24	1,153,058	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,985	58,984	619,608	4	724,309	56.01
57.00	05700	CT SCAN	546	135,553	777,564	3	1,122,367	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,155	54,498	2,180,561	37	5,251,463	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	55	235,294	0	568,503	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,676	50,629	1,087,554	10	1,418,883	65.00
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,243,113	8	1,394,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,130	1,191	608,083	2	617,749	67.00
68.00	06800	SPEECH PATHOLOGY	239	139	134,992	3	136,114	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240	34,375	589,537	0	838,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	1,621	118,477	1	141,609	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
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	98	0	0	406,028	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	12,238	19,258	1,551,723	23	2,192,159	90.00
90.01	09001	WOUND CARE	4,226	5,856	481,173	2	710,394	90.01
90.02	09002	PULMONARY REHAB	0	4,686	235,792	0	243,421	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	34,717	36,621	10,437,699	19	12,127,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	430,762	1,854,791	59,469,780	569	113,845,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,157	27,947	9,574,620	0	15,570,904	192.00
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)	1,558,692	3,673,528	12,456,745	59,905	1,382,776	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.583431	1.943020	0.180416	104.912434	0.010685	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			24,760	4,689	293,095	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000359	8.211909	0.002265	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:

12/22/2020 3:31 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,036,448					5.03
5.04	00570	ADMITTING	19,101	443,757,305				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	443,757,305			5.05
5.06	00590	OTHER ADMIN & GENERAL	2,614	0	0	-15,930,446	120,733,506	5.06
7.00	00700	OPERATION OF PLANT	8,041	0	0	0	12,286,919	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	350	0	0	0	189,784	8.00
9.00	00900	HOUSEKEEPING	1,508	0	0	0	1,999,856	9.00
10.00	01000	DIETARY	180	0	0	0	765,244	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,322,916	11.00
13.00	01300	NURSING ADMINISTRATION	5,114	0	0	0	3,380,224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	487,857	0	0	0	1,508,831	14.00
15.00	01500	PHARMACY	70,808	0	0	0	2,086,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,250,317	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	567,977	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	408,171	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	322,626	20,016,923	20,016,923	0	10,764,370	30.00
31.00	03100	INTENSIVE CARE UNIT	173,017	6,753,626	6,753,626	0	4,473,979	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	65,424	3,477,999	3,477,999	0	2,130,504	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,382,898	38,136,679	38,136,679	0	4,498,320	50.00
50.01	05001	ENDOSCOPY	236,766	10,741,956	10,741,956	0	1,145,107	50.01
51.00	05100	RECOVERY ROOM	11,295	6,942,722	6,942,722	0	1,294,499	51.00
53.00	05300	ANESTHESIOLOGY	258,314	15,526,423	15,526,423	0	1,460,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,364	54,888,673	54,888,673	0	6,459,235	54.00
56.00	05600	RADIOISOTOPE	124,636	8,665,455	8,665,455	0	1,700,434	56.00
56.01	05602	ULTRASOUND/VASC LAB	9,267	8,123,747	8,123,747	0	991,276	56.01
57.00	05700	CT SCAN	6,969	40,819,311	40,819,311	0	1,663,109	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	15,343	67,490,913	67,490,913	0	5,945,963	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	934	2,526,436	2,526,436	0	625,438	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	104,803	6,090,392	6,090,392	0	1,606,112	65.00
66.00	06600	PHYSICAL THERAPY	12,720	6,011,548	6,011,548	0	1,704,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,082	2,741,003	2,741,003	0	760,350	67.00
68.00	06800	SPEECH PATHOLOGY	570	657,170	657,170	0	165,391	68.00
69.00	06900	ELECTROCARDIOLOGY	3,554	11,385,433	11,385,433	0	1,034,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,710	416,827	416,827	0	171,218	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,977,358	13,977,358	0	5,159,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,594,178	21,594,178	0	6,603,577	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,607,092	24,607,092	0	3,121,282	73.00
74.00	07400	RENAL DIALYSIS	1,962	1,648,943	1,648,943	0	415,700	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	56,746	4,001,719	4,001,719	0	1,883,379	90.00
90.01	09001	WOUND CARE	67,420	2,167,951	2,167,951	0	732,036	90.01
90.02	09002	PULMONARY REHAB	419	509,427	509,427	0	294,310	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	275,859	63,837,401	63,837,401	0	10,608,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,004,271	443,757,305	443,757,305	-15,930,446	103,180,372	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	4,078	190.00
190.01	19001	ADC	0	0	0	0	15,235	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	32,177	0	0	0	17,533,821	192.00
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)	549,701	1,252,444	74,478		15,930,446	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.109145	0.002822	0.000168		0.131947	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,721	30,347	72,157		223,688	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012652	0.000068	0.000163		0.001853	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	231,492				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	675,274			8.00
9.00	00900	HOUSEKEEPING	3,426	0	40,845		9.00
10.00	01000	DIETARY	16,006	0	1,339	58,023	10.00
11.00	01100	CAFETERIA	0	0	0	68,459	11.00
13.00	01300	NURSING ADMINISTRATION	3,790	0	390	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	2,876	650	0	14.00
15.00	01500	PHARMACY	2,407	0	340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	0	915	0	16.00
17.00	01700	SOCIAL SERVICE	634	0	92	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,282	142,281	8,786	38,316	30.00
31.00	03100	INTENSIVE CARE UNIT	7,486	35,274	2,190	3,924	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	15,618	48,360	3,120	15,783	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,929	93,301	5,252	0	50.00
50.01	05001	ENDOSCOPY	4,072	17,784	390	0	50.01
51.00	05100	RECOVERY ROOM	1,599	20,810	260	0	51.00
53.00	05300	ANESTHESIOLOGY	411	0	650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,248	67,039	3,104	0	54.00
56.00	05600	RADIOISOTOPE	3,758	58,198	990	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,985	0	130	0	56.01
57.00	05700	CT SCAN	546	0	260	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,155	0	2,600	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	0	130	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,676	0	352	0	65.00
66.00	06600	PHYSICAL THERAPY	9,808	9,217	1,560	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,130	4,203	425	0	67.00
68.00	06800	SPEECH PATHOLOGY	239	0	92	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240	10,464	1,560	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	1,154	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
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	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	12,238	13,924	1,744	0	90.00
90.01	09001	WOUND CARE	4,226	9,580	1,560	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	34,717	140,809	1,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,282	675,274	40,715	58,023	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	0	130	0	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,157	0	0	8,600	192.00
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)	13,908,141	324,892	2,469,567	1,908,823	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	60.080439	0.481126	60.461917	32.897696	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	704,910	13,571	44,450	136,651	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.045073	0.020097	1.088260	2.355118	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	803,259					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,966,748				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	443,757,305		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,772	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,103	111,539	0	20,016,923	12,772	30.00
31.00	03100	INTENSIVE CARE UNIT	80,440	54,708	0	6,753,626	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	52,832	16,595	0	3,477,999	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,122	1,160,014	0	38,136,679	0	50.00
50.01	05001	ENDOSCOPY	0	122,569	0	10,741,956	0	50.01
51.00	05100	RECOVERY ROOM	22,455	2,614	0	6,942,722	0	51.00
53.00	05300	ANESTHESIOLOGY	10,688	237,153	0	15,526,423	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	553,448	0	54,888,673	0	54.00
56.00	05600	RADIOISOTOPE	0	23,441	0	8,665,455	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	13,054	0	8,123,747	0	56.01
57.00	05700	CT SCAN	0	24,288	0	40,819,311	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	142,121	0	67,490,913	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,973	0	2,526,436	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	64,211	0	6,090,392	0	65.00
66.00	06600	PHYSICAL THERAPY	29,015	22,835	0	6,011,548	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,773	18,511	0	2,741,003	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,898	710	0	657,170	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,885	16,337	0	11,385,433	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	952	0	416,827	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	360,988	0	13,977,358	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	652,153	0	21,594,178	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,288	100	24,607,092	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,648,943	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	38,842	11,599	0	4,001,719	0	90.00
90.01	09001	WOUND CARE	10,810	55,844	0	2,167,951	0	90.01
90.02	09002	PULMONARY REHAB	6,576	708	0	509,427	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	202,820	163,507	0	63,837,401	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	803,259	3,935,160	100	443,757,305	12,772	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	330	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	31,258	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,130,717	2,270,607	2,560,917	1,895,496	700,879	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.142447	0.572410	25,609.170000	0.004271	54.876214	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	102,244	126,902	55,092	134,026	7,038	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.127286	0.031991	550.920000	0.000302	0.551049	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR	SERVICES-OTHER	
			Y & FRINGES	PRGM COSTS	
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)	
			21.00	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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMIN & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	57	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
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	12	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19	54.00
56.00	05600	RADIOISOTOPE	0	8	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES	PRGM COSTS		
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)		
			21.00	22.00		
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	ADC	0	0		190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	462,028		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,620.280000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,671		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	16.710000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
12/22/2020 3:31 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	17,966,407		17,966,407	0	17,966,407	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,351,429		6,351,429	0	6,351,429	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
44.00	04400	SKILLED NURSING FACILITY	4,432,380		4,432,380	0	4,432,380	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,985,880		7,985,880	4,884	7,990,764	50.00	
50.01	05001	ENDOSCOPY	1,709,869		1,709,869	0	1,709,869	50.01	
51.00	05100	RECOVERY ROOM	1,757,263		1,757,263	0	1,757,263	51.00	
53.00	05300	ANESTHESIOLOGY	1,985,714		1,985,714	0	1,985,714	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,654,644		9,654,644	466	9,655,110	54.00	
56.00	05600	RADIOISOTOPE	2,308,927		2,308,927	0	2,308,927	56.00	
56.01	05602	ULTRASOUND/VASC LAB	1,306,345		1,306,345	0	1,306,345	56.01	
57.00	05700	CT SCAN	2,139,725		2,139,725	0	2,139,725	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	7,817,154		7,817,154	0	7,817,154	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	770,211		770,211	0	770,211	62.00	
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	2,034,518	0	2,034,518	0	2,034,518	65.00	
66.00	06600	PHYSICAL THERAPY	2,836,950	0	2,836,950	0	2,836,950	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,250,241	0	1,250,241	0	1,250,241	67.00	
68.00	06800	SPEECH PATHOLOGY	228,291	0	228,291	0	228,291	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,520,364		1,520,364	640	1,521,004	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	221,545		221,545	0	221,545	70.00	
70.01	07001	SLEEP LAB	0		0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,106,407		6,106,407	0	6,106,407	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,940,427		7,940,427	0	7,940,427	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	6,255,401		6,255,401	0	6,255,401	73.00	
74.00	07400	RENAL DIALYSIS	477,593		477,593	0	477,593	74.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	3,243,387		3,243,387	5,270	3,248,657	90.00	
90.01	09001	WOUND CARE	1,289,580		1,289,580	0	1,289,580	90.01	
90.02	09002	PULMONARY REHAB	376,409		376,409	0	376,409	90.02	
90.03	09003	SPINE CENTER	0		0	0	0	90.03	
90.04	09005	RUSH HEART CENTER	0		0	0	0	90.04	
91.00	09100	EMERGENCY	15,898,628		15,898,628	102,385	16,001,013	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,109,393		2,109,393	0	2,109,393	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
200.00		Subtotal (see instructions)	117,975,082	0	117,975,082	113,645	118,088,727	200.00	
201.00		Less Observation Beds	2,109,393		2,109,393	0	2,109,393	201.00	
202.00		Total (see instructions)	115,865,689	0	115,865,689	113,645	115,979,334	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2019
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			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	17,625,570		17,625,570			30.00	
31.00	03100	INTENSIVE CARE UNIT	6,753,626		6,753,626			31.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
44.00	04400	SKILLED NURSING FACILITY	3,477,999		3,477,999			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,894,798	29,241,881	38,136,679	0.209402	0.000000	50.00	
50.01	05001	ENDOSCOPY	1,039,845	9,702,111	10,741,956	0.159177	0.000000	50.01	
51.00	05100	RECOVERY ROOM	1,255,698	5,687,024	6,942,722	0.253109	0.000000	51.00	
53.00	05300	ANESTHESIOLOGY	3,024,249	12,502,174	15,526,423	0.127893	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,142,479	44,746,194	54,888,673	0.175895	0.000000	54.00	
56.00	05600	RADIOISOTOPE	442,532	8,222,923	8,665,455	0.266452	0.000000	56.00	
56.01	05602	ULTRASOUND/VASC LAB	1,508,566	6,615,181	8,123,747	0.160806	0.000000	56.01	
57.00	05700	CT SCAN	8,990,499	31,828,812	40,819,311	0.052419	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	
60.00	06000	LABORATORY	18,244,513	49,246,400	67,490,913	0.115825	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,160,209	1,366,227	2,526,436	0.304861	0.000000	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	3,555,616	2,534,776	6,090,392	0.334054	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,847,005	3,164,543	6,011,548	0.471917	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,385,632	355,371	2,741,003	0.456125	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	491,857	165,313	657,170	0.347385	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	3,914,314	7,471,119	11,385,433	0.133536	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	150,944	265,883	416,827	0.531503	0.000000	70.00	
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,992,575	8,984,783	13,977,358	0.436878	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,544,906	13,049,272	21,594,178	0.367711	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,696,699	8,910,393	24,607,092	0.254211	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,500,051	148,892	1,648,943	0.289636	0.000000	74.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	4,024	3,997,695	4,001,719	0.810498	0.000000	90.00	
90.01	09001	WOUND CARE	48,775	2,119,176	2,167,951	0.594838	0.000000	90.01	
90.02	09002	PULMONARY REHAB	0	509,427	509,427	0.738887	0.000000	90.02	
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000	90.03	
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04	
91.00	09100	EMERGENCY	10,064,572	53,772,829	63,837,401	0.249049	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	436,971	1,954,382	2,391,353	0.882092	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
200.00		Subtotal (see instructions)	137,194,524	306,562,781	443,757,305			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	137,194,524	306,562,781	443,757,305			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2019
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.209530		50.00
50.01	05001	ENDOSCOPY	0.159177		50.01
51.00	05100	RECOVERY ROOM	0.253109		51.00
53.00	05300	ANESTHESIOLOGY	0.127893		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175904		54.00
56.00	05600	RADIOISOTOPE	0.266452		56.00
56.01	05602	ULTRASOUND/VASC LAB	0.160806		56.01
57.00	05700	CT SCAN	0.052419		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.115825		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304861		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.334054		65.00
66.00	06600	PHYSICAL THERAPY	0.471917		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456125		67.00
68.00	06800	SPEECH PATHOLOGY	0.347385		68.00
69.00	06900	ELECTROCARDIOLOGY	0.133592		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.531503		70.00
70.01	07001	SLEEP LAB	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.436878		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367711		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254211		73.00
74.00	07400	RENAL DIALYSIS	0.289636		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.811815		90.00
90.01	09001	WOUND CARE	0.594838		90.01
90.02	09002	PULMONARY REHAB	0.738887		90.02
90.03	09003	SPINE CENTER	0.000000		90.03
90.04	09005	RUSH HEART CENTER	0.000000		90.04
91.00	09100	EMERGENCY	0.250653		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.882092		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0063

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			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	17,966,407		17,966,407	0	17,966,407
31.00	03100	INTENSIVE CARE UNIT	6,351,429		6,351,429	0	6,351,429
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	4,432,380		4,432,380	0	4,432,380
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,985,880		7,985,880	4,884	7,990,764
50.01	05001	ENDOSCOPY	1,709,869		1,709,869	0	1,709,869
51.00	05100	RECOVERY ROOM	1,757,263		1,757,263	0	1,757,263
53.00	05300	ANESTHESIOLOGY	1,985,714		1,985,714	0	1,985,714
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,654,644		9,654,644	466	9,655,110
56.00	05600	RADIOISOTOPE	2,308,927		2,308,927	0	2,308,927
56.01	05602	ULTRASOUND/VASC LAB	1,306,345		1,306,345	0	1,306,345
57.00	05700	CT SCAN	2,139,725		2,139,725	0	2,139,725
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	7,817,154		7,817,154	0	7,817,154
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	770,211		770,211	0	770,211
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	2,034,518	0	2,034,518	0	2,034,518
66.00	06600	PHYSICAL THERAPY	2,836,950	0	2,836,950	0	2,836,950
67.00	06700	OCCUPATIONAL THERAPY	1,250,241	0	1,250,241	0	1,250,241
68.00	06800	SPEECH PATHOLOGY	228,291	0	228,291	0	228,291
69.00	06900	ELECTROCARDIOLOGY	1,520,364		1,520,364	640	1,521,004
70.00	07000	ELECTROENCEPHALOGRAPHY	221,545		221,545	0	221,545
70.01	07001	SLEEP LAB	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,106,407		6,106,407	0	6,106,407
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,940,427		7,940,427	0	7,940,427
73.00	07300	DRUGS CHARGED TO PATIENTS	6,255,401		6,255,401	0	6,255,401
74.00	07400	RENAL DIALYSIS	477,593		477,593	0	477,593
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	3,243,387		3,243,387	5,270	3,248,657
90.01	09001	WOUND CARE	1,289,580		1,289,580	0	1,289,580
90.02	09002	PULMONARY REHAB	376,409		376,409	0	376,409
90.03	09003	SPINE CENTER	0		0	0	0
90.04	09005	RUSH HEART CENTER	0		0	0	0
91.00	09100	EMERGENCY	15,898,628		15,898,628	102,385	16,001,013
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,109,393		2,109,393	0	2,109,393
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	117,975,082	0	117,975,082	113,645	118,088,727
201.00		Less Observation Beds	2,109,393		2,109,393	0	2,109,393
202.00		Total (see instructions)	115,865,689	0	115,865,689	113,645	115,979,334

COMPUTATION OF RATIO OF COSTS TO CHARGES

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			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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,625,570		17,625,570		30.00
31.00	03100	INTENSIVE CARE UNIT	6,753,626		6,753,626		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
44.00	04400	SKILLED NURSING FACILITY	3,477,999		3,477,999		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,894,798	29,241,881	38,136,679	0.209402	0.000000
50.01	05001	ENDOSCOPY	1,039,845	9,702,111	10,741,956	0.159177	0.000000
51.00	05100	RECOVERY ROOM	1,255,698	5,687,024	6,942,722	0.253109	0.000000
53.00	05300	ANESTHESIOLOGY	3,024,249	12,502,174	15,526,423	0.127893	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,142,479	44,746,194	54,888,673	0.175895	0.000000
56.00	05600	RADIOISOTOPE	442,532	8,222,923	8,665,455	0.266452	0.000000
56.01	05602	ULTRASOUND/VASC LAB	1,508,566	6,615,181	8,123,747	0.160806	0.000000
57.00	05700	CT SCAN	8,990,499	31,828,812	40,819,311	0.052419	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	18,244,513	49,246,400	67,490,913	0.115825	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,160,209	1,366,227	2,526,436	0.304861	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	3,555,616	2,534,776	6,090,392	0.334054	0.000000
66.00	06600	PHYSICAL THERAPY	2,847,005	3,164,543	6,011,548	0.471917	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,385,632	355,371	2,741,003	0.456125	0.000000
68.00	06800	SPEECH PATHOLOGY	491,857	165,313	657,170	0.347385	0.000000
69.00	06900	ELECTROCARDIOLOGY	3,914,314	7,471,119	11,385,433	0.133536	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	150,944	265,883	416,827	0.531503	0.000000
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,992,575	8,984,783	13,977,358	0.436878	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,544,906	13,049,272	21,594,178	0.367711	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	15,696,699	8,910,393	24,607,092	0.254211	0.000000
74.00	07400	RENAL DIALYSIS	1,500,051	148,892	1,648,943	0.289636	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	4,024	3,997,695	4,001,719	0.810498	0.000000
90.01	09001	WOUND CARE	48,775	2,119,176	2,167,951	0.594838	0.000000
90.02	09002	PULMONARY REHAB	0	509,427	509,427	0.738887	0.000000
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	10,064,572	53,772,829	63,837,401	0.249049	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	436,971	1,954,382	2,391,353	0.882092	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	137,194,524	306,562,781	443,757,305		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	137,194,524	306,562,781	443,757,305		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

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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
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
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	05602	ULTRASOUND/VASC LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB	0.000000			70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE	0.000000			90.01
90.02	09002	PULMONARY REHAB	0.000000			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
12/22/2020 3:31 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	519,534	0	519,534	14,471	35.90	30.00	
31.00	INTENSIVE CARE UNIT	257,725		257,725	2,616	98.52	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
44.00	SKILLED NURSING FACILITY	187,029		187,029	5,261	35.55	44.00	
200.00	Total (lines 30 through 199)	964,288		964,288	22,348		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	5,821	208,974					30.00
31.00	INTENSIVE CARE UNIT	1,032	101,673					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
44.00	SKILLED NURSING FACILITY	3,945	140,245					44.00
200.00	Total (lines 30 through 199)	10,798	450,892					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
12/22/2020 3:31 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	571,287	38,136,679	0.014980	3,752,471	56,212	50.00
50.01	05001	ENDOSCOPY	156,092	10,741,956	0.014531	464,586	6,751	50.01
51.00	05100	RECOVERY ROOM	36,227	6,942,722	0.005218	525,669	2,743	51.00
53.00	05300	ANESTHESIOLOGY	95,922	15,526,423	0.006178	1,275,002	7,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	871,746	54,888,673	0.015882	4,147,304	65,867	54.00
56.00	05600	RADIOISOTOPE	559,161	8,665,455	0.004528	185,423	11,965	56.00
56.01	05602	ULTRASOUND/VASC LAB	136,528	8,123,747	0.016806	615,573	10,345	56.01
57.00	05700	CT SCAN	295,871	40,819,311	0.007248	3,683,104	26,695	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	227,624	67,490,913	0.003373	6,561,139	22,131	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,993	2,526,436	0.003164	456,153	1,443	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	123,209	6,090,392	0.020230	1,391,733	28,155	65.00
66.00	06600	PHYSICAL THERAPY	98,290	6,011,548	0.016350	408,322	6,676	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,329	2,741,003	0.013619	213,838	2,912	67.00
68.00	06800	SPEECH PATHOLOGY	3,395	657,170	0.005166	168,959	873	68.00
69.00	06900	ELECTROCARDIOLOGY	90,023	11,385,433	0.007907	1,838,916	14,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,577	416,827	0.015779	60,259	951	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,557	13,977,358	0.002043	1,927,186	3,937	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,608	21,594,178	0.002066	4,429,554	9,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,135	24,607,092	0.003135	6,275,389	19,673	73.00
74.00	07400	RENAL DIALYSIS	2,784	1,648,943	0.001688	815,988	1,377	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	138,155	4,001,719	0.034524	2,078	72	90.00
90.01	09001	WOUND CARE	49,626	2,167,951	0.022891	36,676	840	90.01
90.02	09002	PULMONARY REHAB	11,435	509,427	0.022447	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	426,046	63,837,401	0.006674	4,217,611	28,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	60,997	2,391,353	0.025507	179,046	4,567	92.00
200.00		Total (lines 50 through 199)	4,156,617	415,900,110		43,631,979	333,901	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0063		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 12/22/2020 3:31 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		
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	14,471	0.00	5,821		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,616	0.00	1,032		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	5,261	0.00	3,945		44.00		
200.00	Total (lines 30 through 199)		0	0	22,348		10,798		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
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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
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	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 12/22/2020 3:31 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	38,136,679	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	10,741,956	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	6,942,722	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	15,526,423	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	54,888,673	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	8,665,455	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB		0	0	0	8,123,747	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	40,819,311	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
60.00	06000	LABORATORY		0	0	0	67,490,913	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,526,436	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	6,090,392	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	6,011,548	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,741,003	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	657,170	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	11,385,433	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	416,827	0.000000	70.00
70.01	07001	SLEEP LAB		0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	13,977,358	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	21,594,178	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	24,607,092	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,648,943	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	4,001,719	0.000000	90.00
90.01	09001	WOUND CARE		0	0	0	2,167,951	0.000000	90.01
90.02	09002	PULMONARY REHAB		0	0	0	509,427	0.000000	90.02
90.03	09003	SPINE CENTER		0	0	0	0	0.000000	90.03
90.04	09005	RUSH HEART CENTER		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	63,837,401	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	2,391,353	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	415,900,110		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 12/22/2020 3:31 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	3,752,471	0	9,401,067	0	50.00
50.01	05001	ENDOSCOPY		0.000000	464,586	0	2,487,905	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	525,669	0	1,645,271	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,275,002	0	3,746,671	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	4,147,304	0	16,588,800	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	185,423	0	1,505,915	0	56.00
56.01	05602	ULTRASOUND/VASC LAB		0.000000	615,573	0	1,361,489	0	56.01
57.00	05700	CT SCAN		0.000000	3,683,104	0	9,359,689	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
60.00	06000	LABORATORY		0.000000	6,561,139	0	5,257,297	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	456,153	0	234,195	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,391,733	0	935,399	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	408,322	0	16,490	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	213,838	0	3,077	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	168,959	0	7,203	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,838,916	0	3,001,911	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	60,259	0	53,685	0	70.00
70.01	07001	SLEEP LAB		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	1,927,186	0	2,854,958	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,429,554	0	3,963,076	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	6,275,389	0	2,059,493	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	815,988	0	66,048	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	2,078	0	1,710,813	0	90.00
90.01	09001	WOUND CARE		0.000000	36,676	0	1,038,134	0	90.01
90.02	09002	PULMONARY REHAB		0.000000	0	0	271,938	0	90.02
90.03	09003	SPINE CENTER		0.000000	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER		0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY		0.000000	4,217,611	0	7,217,929	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	179,046	0	528,039	0	92.00
200.00		Total (lines 50 through 199)			43,631,979	0	75,316,492	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
12/22/2020 3:31 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.209402	9,401,067	0	15,169	1,968,602	50.00	
50.01	05001	ENDOSCOPY	0.159177	2,487,905	0	0	396,017	50.01	
51.00	05100	RECOVERY ROOM	0.253109	1,645,271	0	1	416,433	51.00	
53.00	05300	ANESTHESIOLOGY	0.127893	3,746,671	0	0	479,173	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175895	16,588,800	0	3,210	2,917,887	54.00	
56.00	05600	RADIOISOTOPE	0.266452	1,505,915	0	0	401,254	56.00	
56.01	05602	ULTRASOUND/VASC LAB	0.160806	1,361,489	0	0	218,936	56.01	
57.00	05700	CT SCAN	0.052419	9,359,689	0	4,204	490,626	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	
60.00	06000	LABORATORY	0.115825	5,257,297	0	0	608,926	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304861	234,195	0	0	71,397	62.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.334054	935,399	0	1	312,474	65.00	
66.00	06600	PHYSICAL THERAPY	0.471917	16,490	0	0	7,782	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.456125	3,077	0	0	1,403	67.00	
68.00	06800	SPEECH PATHOLOGY	0.347385	7,203	0	0	2,502	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.133536	3,001,911	0	0	400,863	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.531503	53,685	0	0	28,534	70.00	
70.01	07001	SLEEP LAB	0.000000	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.436878	2,854,958	0	0	1,247,268	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367711	3,963,076	0	0	1,457,267	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254211	2,059,493	0	32,869	523,546	73.00	
74.00	07400	RENAL DIALYSIS	0.289636	66,048	0	0	19,130	74.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.810498	1,710,813	0	12,262	1,386,611	90.00	
90.01	09001	WOUND CARE	0.594838	1,038,134	0	1,121	617,522	90.01	
90.02	09002	PULMONARY REHAB	0.738887	271,938	0	0	200,931	90.02	
90.03	09003	SPINE CENTER	0.000000	0	0	0	0	90.03	
90.04	09005	RUSH HEART CENTER	0.000000	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0.249049	7,217,929	0	133	1,797,618	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.882092	528,039	0	0	465,779	92.00	
200.00		Subtotal (see instructions)		75,316,492	0	68,970	16,438,481	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		75,316,492	0	68,970	16,438,481	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
12/22/2020 3:31 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	3,176		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	565		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0		56.01
57.00	05700	CT SCAN	0	220		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP LAB	0	0		70.01
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	8,356		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	9,938		90.00
90.01	09001	WOUND CARE	0	667		90.01
90.02	09002	PULMONARY REHAB	0	0		90.02
90.03	09003	SPINE CENTER	0	0		90.03
90.04	09005	RUSH HEART CENTER	0	0		90.04
91.00	09100	EMERGENCY	0	33		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	22,955		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	22,955		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:

Worksheet D

Component CCN: 14-5583

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
12/22/2020 3:31 pm

Title XVIII

Skilled Nursing
Facility

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	0.209402	0	0	0	0 50.00
50.01	05001 ENDOSCOPY	0.159177	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.253109	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.127893	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175895	0	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.266452	0	0	0	0 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.160806	0	0	0	0 56.01
57.00	05700 CT SCAN	0.052419	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
60.00	06000 LABORATORY	0.115825	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.304861	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.334054	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.471917	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.456125	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.347385	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.133536	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.531503	0	0	0	0 70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.436878	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.367711	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.254211	0	0	635	0 73.00
74.00	07400 RENAL DIALYSIS	0.289636	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.810498	0	0	0	0 90.00
90.01	09001 WOUND CARE	0.594838	0	0	0	0 90.01
90.02	09002 PULMONARY REHAB	0.738887	0	0	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0	0	0 90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.249049	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.882092	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	635	0 200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	201.00
	Only Charges					
202.00	Net Charges (line 200 - line 201)		0	0	635	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:

Worksheet D

Component CCN: 14-5583

From 07/01/2019
To 06/30/2020Part V
Date/Time Prepared:
12/22/2020 3:31 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
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	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB	0	0	70.01
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	161	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	161	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	161	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 12/22/2020 3:31 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)		14,471	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,471	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,772	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,821	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)		17,966,407	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)		17,966,407	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)		17,966,407	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)		1,241.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,227,063	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)		7,227,063	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,351,429	2,616	2,427.92	1,032	2,505,613	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,758,795	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,491,471	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)					310,647	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					333,901	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					644,548	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,846,923	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,699	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,241.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,109,393	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
12/22/2020 3:31 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	519,534	17,966,407	0.028917	2,109,393	60,997	90.00
91.00	Nursing School cost	0	17,966,407	0.000000	2,109,393	0	91.00
92.00	Allied health cost	0	17,966,407	0.000000	2,109,393	0	92.00
93.00	All other Medical Education	0	17,966,407	0.000000	2,109,393	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

Period:

Worksheet D-1

Component CCN: 14-5583

From 07/01/2019
To 06/30/2020Date/Time Prepared:
12/22/2020 3:31 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)	5,261	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,261	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,261	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)	3,945	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)	4,432,380	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)	4,432,380	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)	4,432,380	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 12/22/2020 3:31 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)				4,432,380	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				842.50	71.00
72.00 Program routine service cost (line 9 x line 71)				3,323,663	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)				3,323,663	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)				0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00 Inpatient routine service cost per diem limitation				0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)				3,323,663	83.00
84.00 Program inpatient ancillary services (see instructions)				1,910,894	84.00
85.00 Utilization review - physician compensation (see instructions)				0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)				5,234,557	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: 14-0063

Period:

Worksheet D-1

Component CCN: 14-5583

From 07/01/2019
To 06/30/2020Date/Time Prepared:
12/22/2020 3:31 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: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 12/22/2020 3:31 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		7,518,281		30.00
31.00	03100	INTENSIVE CARE UNIT		2,806,842		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.209530	3,752,471	786,255	50.00
50.01	05001	ENDOSCOPY	0.159177	464,586	73,951	50.01
51.00	05100	RECOVERY ROOM	0.253109	525,669	133,052	51.00
53.00	05300	ANESTHESIOLOGY	0.127893	1,275,002	163,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.175904	4,147,304	729,527	54.00
56.00	05600	RADIOISOTOPE	0.266452	185,423	49,406	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.160806	615,573	98,988	56.01
57.00	05700	CT SCAN	0.052419	3,683,104	193,065	57.00
58.00	05800	MRI	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.115825	6,561,139	759,944	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.304861	456,153	139,063	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.334054	1,391,733	464,914	65.00
66.00	06600	PHYSICAL THERAPY	0.471917	408,322	192,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456125	213,838	97,537	67.00
68.00	06800	SPEECH PATHOLOGY	0.347385	168,959	58,694	68.00
69.00	06900	ELECTROCARDIOLOGY	0.133592	1,838,916	245,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.531503	60,259	32,028	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.436878	1,927,186	841,945	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367711	4,429,554	1,628,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254211	6,275,389	1,595,273	73.00
74.00	07400	RENAL DIALYSIS	0.289636	815,988	236,340	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.811815	2,078	1,687	90.00
90.01	09001	WOUND CARE	0.594838	36,676	21,816	90.01
90.02	09002	PULMONARY REHAB	0.738887	0	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	90.03
90.04	09005	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.250653	4,217,611	1,057,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.882092	179,046	157,935	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		43,631,979	9,758,795	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)		43,631,979		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 12/22/2020 3:31 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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209530	23,208	4,863	50.00
50.01	05001 ENDOSCOPY	0.159177	0	0	50.01
51.00	05100 RECOVERY ROOM	0.253109	4,068	1,030	51.00
53.00	05300 ANESTHESIOLOGY	0.127893	9,557	1,222	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.175904	253,963	44,673	54.00
56.00	05600 RADIOISOTOPE	0.266452	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.160806	14,367	2,310	56.01
57.00	05700 CT SCAN	0.052419	62,084	3,254	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.115825	597,271	69,179	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.304861	3,026	923	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.334054	86,635	28,941	65.00
66.00	06600 PHYSICAL THERAPY	0.471917	1,565,715	738,888	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.456125	1,474,589	672,597	67.00
68.00	06800 SPEECH PATHOLOGY	0.347385	126,714	44,019	68.00
69.00	06900 ELECTROCARDIOLOGY	0.133592	17,906	2,392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.531503	1,745	927	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.436878	117,397	51,288	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.367711	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.254211	953,423	242,371	73.00
74.00	07400 RENAL DIALYSIS	0.289636	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.811815	0	0	90.00
90.01	09001 WOUND CARE	0.594838	0	0	90.01
90.02	09002 PULMONARY REHAB	0.738887	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.250653	645	162	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.882092	2,103	1,855	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,314,416	1,910,894	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,314,416		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
12/22/2020 3:31 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)			3,751,126	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,650,212	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			14,349	2.04
3.00	Managed Care Simulated Payments			4,843,708	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			160.36	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)			1.23	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			8.13	10.00
11.00	FTE count for residents in dental and podiatric programs.			2.86	11.00
12.00	Current year allowable FTE (see instructions)			4.09	12.00
13.00	Total allowable FTE count for the prior year.			3.83	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			3.79	14.00
15.00	Sum of lines 12 through 14 divided by 3.			3.90	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			3.90	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.024320	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.023761	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.023761	21.00
22.00	IME payment adjustment (see instructions)			211,594	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			62,489	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)			6.90	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)			211,594	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			62,489	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.00	31.00
32.00	Sum of lines 30 and 31			24.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)			9.64	33.00
34.00	Disproportionate share adjustment (see instructions)			395,272	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 12/22/2020 3:31 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000105425	0.000118450
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		872,167	989,126
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		219,834	740,493
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		960,327	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		17,982,880	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		18,045,369	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,407,587	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).		147,234	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)		19,600,190	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,600,190	61.00
62.00	Deductibles billed to program beneficiaries		1,805,452	62.00
63.00	Coinsurance billed to program beneficiaries		19,448	63.00
64.00	Allowable bad debts (see instructions)		704,857	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		458,157	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		303,573	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,233,447	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		177,856	70.93
70.94	HRR adjustment amount (see instructions)		-59,934	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 12/22/2020 3:31 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,351,369	71.00
71.01	Sequestration adjustment (see instructions)		306,468	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		17,780,217	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)		264,684	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		1,000,216	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/22/2020 3:31 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,751,126	0	3,751,126		3,751,126
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,650,212	0		12,650,212	12,650,212
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,349	0		14,349	14,349
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	4,843,708	0	1,006,657	3,837,051	4,843,708
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023761	0.023761	0.023761	0.023761	
6.00	IME payment adjustment (see instructions)	22.00	211,594	0	48,393	163,201	211,594
6.01	IME payment adjustment for managed care (see instructions)	22.01	62,489	0	12,987	49,502	62,489
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	211,594	0	48,393	163,201	211,594
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	62,489	0	12,987	49,502	62,489
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0964	0.0964	0.0964	0.0964	
11.00	Disproportionate share adjustment (see instructions)	34.00	395,272	0	90,402	304,870	395,272
11.01	Uncompensated care payments	36.00	960,327	0	219,834	740,493	960,327
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	17,982,880	0	4,109,755	13,873,125	17,982,880
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,045,369	0	4,122,742	13,922,627	18,045,369
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,407,587	0	336,158	1,071,429	1,407,587

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
12/22/2020 3:31 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	4,458,900	14,994,056	19,452,956
		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	1,305,861	0	311,864	993,997	1,305,861
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	0	0	0	0	0
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	0.0265	0.0265	0.0265	0.0265	
23.00	Indirect medical education adjustment (see instructions)	6.00	34,605	0	8,264	26,341	34,605
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0514	0.0514	0.0514	0.0514	
25.00	Disproportionate share adjustment (see instructions)	11.00	67,121	0	16,030	51,091	67,121
26.00	Total prospective capital payments (see instructions)	12.00	1,407,587	0	336,158	1,071,429	1,407,587
		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.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/22/2020 3:31 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	3,751,126	3,751,126		3,751,126	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,650,212		12,650,212	12,650,212	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	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	14,349		14,349	14,349	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,843,708	1,006,657	3,837,051	4,843,708	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023761	0.023761	0.023761		5.00
6.00	IME payment adjustment (see instructions)	22.00	211,594	48,393	163,201	211,594	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	62,489	12,987	49,502	62,489	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	211,594	48,393	163,201	211,594	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	62,489	12,987	49,502	62,489	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0964	0.0964	0.0964		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	395,272	90,402	304,870	395,272	11.00
11.01	Uncompensated care payments	36.00	960,327	219,834	740,493	960,327	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	17,982,880	4,109,755	13,873,125	17,982,880	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	18,045,369	4,122,742	13,922,627	18,045,369	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,407,587	336,158	1,071,429	1,407,587	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			4,458,900	14,994,056	19,452,956	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/22/2020 3:31 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	1,305,861	311,864	993,997	1,305,861	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	0	0	0	0	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	0.0265	0.0265	0.0265		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	34,605	8,264	26,341	34,605	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0514	0.0514	0.0514		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	67,121	16,030	51,091	67,121	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,407,587	336,158	1,071,429	1,407,587	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	177,856	28,203	149,653	177,856	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	-59,934	-13,129	-46,805	-59,934	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 12/22/2020 3:31 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,955	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,438,481	2.00
3.00	OPPS payments		11,996,426	3.00
4.00	Outlier payment (see instructions)		23,060	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)		22,955	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		68,970	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)		68,970	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)		68,970	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		46,015	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)		22,955	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)		12,019,486	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)		2,289,461	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)		9,752,980	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		96,733	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)		9,849,713	30.00
31.00	Primary payer payments		793	31.00
32.00	Subtotal (line 30 minus line 31)		9,848,920	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)		879,028	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		571,368	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		499,562	36.00
37.00	Subtotal (see instructions)		10,420,288	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)		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)		10,420,288	40.00
40.01	Sequestration adjustment (see instructions)		174,019	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		10,041,515	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)		204,754	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		245,685	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 12/22/2020 3:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		161	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		161	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		635	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		635	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)		635	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		474	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)		161	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			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)		161	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)		161	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		161	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)		161	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		161	40.00
40.01	Sequestration adjustment (see instructions)		3	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		131	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)		27	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
12/22/2020 3:31 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		17,780,217		10,041,515	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)		17,780,217		10,041,515	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		264,684		204,754	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		18,044,901		10,246,269	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: 14-0063

Period:

Worksheet E-1

Component CCN: 14-5583

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
12/22/2020 3:31 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,094,052		131	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,094,052		131	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		4,804		27	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,098,856		158	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 12/22/2020 3:31 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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VI Date/Time Prepared: 12/22/2020 3:31 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)			2,239,233 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			2,239,233 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			108,966 7.00
8.00	Allowable bad debts (see instructions)			7,390 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			4,804 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			2,135,071 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			2,135,071 15.00
15.01	Sequestration adjustment (see instructions)			36,215 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
15.75	Sequestration for non-claims based amounts (see instructions)			80 15.75
16.00	Interim payments			2,094,052 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)			4,724 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: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 12/22/2020 3:31 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.			1.42	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			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.13	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	6.66	6.66	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.87	0.87	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.86		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.86		10.01
11.00	Total weighted FTE count	0.00	3.73		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.38		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.43		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	3.43		17.00
18.00	Per resident amount	123,990.17	123,990.17		18.00
19.00	Approved amount for resident costs	0	425,286	425,286	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)			7.07	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)			425,286	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)	6,853	1,067	1,056	26.00
27.00	Total Inpatient Days (see instructions)	15,388	15,388	15,388	27.00
28.00	Ratio of inpatient days to total inpatient days	0.445347	0.069340	0.068625	28.00
29.00	Program direct GME amount	189,400	29,489	29,185	248,074
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,064	2,043	4,107
31.00	Net Program direct GME amount				243,967

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 12/22/2020 3:31 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)			1,648,943	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)			25,054,367	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			25,054,367	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,461,597	42.00
43.00	Primary payer payments (see instructions)			793	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,460,804	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			41,515,171	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.603499	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.396501	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			243,967	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			147,234	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			96,733	50.00

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

Provider CCN: 14-0063

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

Worksheet G

Date/Time Prepared:
12/22/2020 3:31 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	8,849,414	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	46,574,813	0	0	0	4.00
5.00	Other receivable	634,054	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,069,228	0	0	0	6.00
7.00	Inventory	4,159,308	0	0	0	7.00
8.00	Prepaid expenses	187,737	0	0	0	8.00
9.00	Other current assets	1,502,981	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,839,079	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,335,216	0	0	0	12.00
13.00	Land improvements	2,144,790	0	0	0	13.00
14.00	Accumulated depreciation	-1,613,542	0	0	0	14.00
15.00	Buildings	75,012,924	0	0	0	15.00
16.00	Accumulated depreciation	-26,302,645	0	0	0	16.00
17.00	Leasehold improvements	63,768	0	0	0	17.00
18.00	Accumulated depreciation	-47,826	0	0	0	18.00
19.00	Fixed equipment	44,011,018	0	0	0	19.00
20.00	Accumulated depreciation	-31,912,014	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	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)	72,691,689	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	39,897,980	0	0	0	31.00
32.00	Deposits on leases	465,008	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,446,826	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,809,814	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	159,340,582	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,612,737	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	44,706,485	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,319,222	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	17,969,210	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,969,210	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,288,432	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	94,052,150				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)	94,052,150	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	159,340,582	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0063

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

Worksheet G-1

Date/Time Prepared:
12/22/2020 3:31 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		76,640,671		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-11,822,845				2.00
3.00	Total (sum of line 1 and line 2)		64,817,826		0		3.00
4.00	UNRESTRICTED NET ASSETS	29,274,830		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)		29,274,830		0		10.00
11.00	Subtotal (line 3 plus line 10)		94,092,656		0		11.00
12.00	DECREASE IN TEMP RESTR NET ASSETS	40,506		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)		40,506		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		94,052,150		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	UNRESTRICTED NET ASSETS		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	DECREASE IN TEMP RESTR NET ASSETS		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: 14-0063

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
12/22/2020 3:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	18,047,448		18,047,448	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	3,477,999		3,477,999	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)	21,525,447		21,525,447	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,753,349		6,753,349	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)	6,753,349		6,753,349	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	28,278,796		28,278,796	17.00
18.00	Ancillary services	98,783,003	244,110,129	342,893,132	18.00
19.00	Outpatient services	10,459,741	62,125,639	72,585,380	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	38,938,907	38,938,907	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	137,521,540	345,174,675	482,696,215	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		149,141,504		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)		149,141,504		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0063

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

Worksheet G-3

Date/Time Prepared:
12/22/2020 3:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	482,696,215	1.00
2.00	Less contractual allowances and discounts on patients' accounts	346,339,881	2.00
3.00	Net patient revenues (line 1 minus line 2)	136,356,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	149,141,504	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,785,170	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER REVENUE	9,732,660	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,732,660	25.00
26.00	Total (line 5 plus line 25)	-3,052,510	26.00
27.00	BAD DEBTS	8,770,335	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,770,335	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,822,845	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0063	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 12/22/2020 3:31 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,305,861	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		42.04	3.00
4.00	Number of interns & residents (see instructions)		3.90	4.00
5.00	Indirect medical education percentage (see instructions)		2.65	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)		34,605	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.00	8.00
9.00	Sum of lines 7 and 8		24.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (see instructions)		67,121	11.00
12.00	Total prospective capital payments (see instructions)		1,407,587	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